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GENERATOR DATE S				CODE NO	54000000 7286
COMPANY NAME	CHAMINE				
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CITY	STATE	OHIO	ZIP	13920	PHONE 2002 (2007
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TREATMENT/DISPOSAL FACILITY	Section of The	EP/	A IDENTIFICATION	CODE NO.	
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Signature of Connection	Print N	Name, 🚣 🔼	<u> </u>	1-17. K.C.	✓ Date <u> </u>



□ HAZARDOUS ☼ NON—HAZARDOUS ☼ WASTE □ RECLAIMABLE MATL. NO. 34584

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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 184599

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COMPANY NAME VELCO /	PORAINE WI	IU OF G	$\overline{\mathcal{M}}$ STATE I.D. NO.	
ADDRESS 3100 NEEDING	ORE KOAD	OHIO	PURCHASE OR	DER
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Signature / 11 / 100			OK WACKSON	DATE Phone
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COMPANY	SATTE			E
ADDRESS			JOB I.D. NO	
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ADDRESS 1975 S.	RYDEN		JOB NO	
CITY WAYTON,	STATE	1110	zip <u>454</u>	39 PHONE 299-8897
This is to certify completion of treatment				* ' ' ' '
your records. Forward white copy to	(6	1 /		
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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COMPANY NAME DECOMES 3/00 NACE	MOPARIE		STATE I.D. NO)
ADDRESS 3/00 AVECT	MORE KO.		PURCHASE O	RDER
CITY	STATE	0640	ZIP 454	79 PHONE 237-1365
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked and	l labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation and the EP	A. Keep gold copy for your records.
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	TON DUM	<u>-' </u>)
ADDRESS 1175 LAVOR			JOB NO	120 700 3001
CITY	STATE	0410	zip <u>455</u>	
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COMPANY NAME ALDERED	MONAME				LINO. 14.110 L. Caracian III
ADDRESS 3100 MEEDIN	OCE KD		PUF	RCHASE ORI	DER
CITY DAIVING	STATE	OHIO	;	zip <u>454</u>	74 PHONE 237-1565
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transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature Signature	Print N	Name	EMAS A	. CALC	KE_ Phone 737-1845
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COMPANY	SAME				DE
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COMPANY NAME	4024/16-32	2111 OK 5	<i>⊇07/</i> STA	ATE I.D. NO.	
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COMPANY NAME	MORNICE PA		STA	TE I.D. NO.	
COMPANY NAME DE (O) A ADDRESS SOON MEE(O) CITY DE VITO N	OTATE	040	PUR	CHASE ORI	DER
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This is to certify acceptance of the above	_				
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TREATMENT/DISPOSAL FACILITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			= NO
COMPANY SOLETH TOP	NOW DUM	- EPI	STAT	E I.D. NO	
ADDRESS 1978 DEVIDICA	(KD .		JOB	NO	
	STATE	OHIO	z	P 950-	39 PHONE 200 850/
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ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | E46/7

EMERGENCY INFORMATION				SCAL	LE INFORMATION
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Signature Signature	The regulations of the De	spartment of Tra	See de de	Kanara	Reep gold copy for your records.
Signature	Print N				
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COMPANY	<u> </u>				DE
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This is to certify acceptance of the above					
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TREATMENT/DISPOSAL FACILITY COMPANY	ere are Deserved	, EP			E NO
ADDRESS 1975 DAYDIS	1 PD.		SIA		
CITY _ JAYTON	STATE _				39 PHONE 290-8997
This is to certify completion of treatmen			•		
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, i	marked and la	abeled, and are in proper condition for	
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ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | HOZI

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COMPANY NAME	<u>PYORHHOS:</u>		ST/	ATE I.D. NO.	
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This is to certify that the above named in transportation according to the application					
transportation according to the applican	A tris life is	epartment of Tra	insportation Vizid (ELLIO	Phone 237-1865
Signature	Print N				
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COMPANY	Said 1777~				E
ADDRESS					PHONE
This is to certify acceptance of the abo					
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TREATMENT/DISPOSAL FACILITY	PHYTON DU	EP/ نسنون: په			E NO
ADDRESS 1475 DEVOX			JO		
CITY DAYTON	STATE	OHO		ZIP 159	39 PHONE 299-889/
This is to certify completion of treatmen		or disposal in co	mpliance wit		,
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Signature Almorath &	willot Print N	lame	MET.	4/-100	1 150ate 7-72-85
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COMPANY NAME	MORAINE				
ADDRESS 3100 NEED		· .	PUF	CHASE OR	DER
CITY ZOGY TOXY		<u> </u>		ZIP <u>Start</u>	* 9 PHONE
This is to certify that the above named m					
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature M. Fall	タンノ Print N	Name THE	1995 A.C.	14110	KK Phone $\frac{737-1368}{}$
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COMPANY	HIVIE				DE
ADDRESS		•			
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	
Signature 777 Centre	Print N	Name M/K	(MAK	TIN	Date Received 7-13-51
TREATMENT/DISPOSAL FACILITY	77	EP.	A IDENTIFICA	ATION CODI	E NO
COMPANY SOUTH		21111			
ADDRESS 497- DRYY	DEN RU	0.4.0	JOE	NO	10 = 00 6001
CITY	STATE	UHIO		11P <u>454.</u>	39 PHONE 299-8891
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Signature A Signature	Print N	lame/(<u>/_///</u> /	x L //-/!	THE P	O / Date / 3



□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL. NO. □ 1629

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Signature /	JUW Print N	Name 1940	MAR N	I HAL	OKK Phone <u>757-1560</u>
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COMPANY	S. MAYE				DE
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ADDRESS	MANGE KIN		51A	TE I.D. NO.	DEB
CITY	STATE	0300	FUN 7	10 454	77 PHONE 237 / 245
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transportation according to the applical					
Signature	A / Se W/	lama	TAMES NO	LANCE	OHE Phone 237 (8)65
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TRANSPORTER	S. A. S. D. L.				<u>.</u>
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TREATMENT/DISPOSAL FACILITY	HYTHI DU				E NO
11275 7501.10	W KD				
ADDRESS 7973 2000000000000000000000000000000000000	STATE	0410	JOB	ID 450	139 PHONE 209.8841
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COMPANY NAME DIFERED	MORNAME		STAT	E I.D. NO.	
ADDRESS SICO NEG	SMORE KD	<u>.</u>	PURC	HASE OR	DER
CITY					ZI PHONE $ZSZIS65$
This is to certify that the above named m					
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation an	d the EPA.	Keep gold copy for your records.
Signature 11 11 11	Print N	lame <u>1440</u>	MAS AL	X SHAM.	265 Phone <u>237-756\$</u>
TRANSPORTER	±	EP	A IDENTIFICAT	ION NO.	
COMPANY	-X411/K		STAT	E I.D. COD	DE
ADDRESS					
CITY					
This is to certify acceptance of the above					
Signature 2000 Conditions	Print N	lame	(770/	Date Received 2.36 E
TREATMENT/DISPOSAL FACILITY	. See a	EPA	A IDENTIFICAT	ION CODI	E NO
COMPANY SOUTH L		(1,1/1,1/2)	STAT	E I.D. NO.	
ADDRESS 1475 DOVIDE	W Killy		JOB 1		00.000
CITY	STATE	0910		<u> 959</u>	
This is to certify completion of treatment	_				
your records. Forward white copy to		•	•	•	= : : :
Signature Kearly Shilland	Print N	lame			Date 7-24-65



ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 24639

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GENERATOR DATE SI	HIPPED / PCD - 1	<u>Ø ¥</u> EP/	A IDENTIFICAT	ION COD	ENO. 040045557716	
COMPANY NAME DECCO / ADDRESS 3/00 NECO/	WORK RD.		STAT	E I.D. NO.	nep	
CITY		OHIO	FUNC	0 454	70 PHONE 237/3/5	
This is to certify that the above named m						
transportation according to the applicat						
Signature	MOVU Print N	Name	MAS NO	KAUC	Phone 237-1305	
TRANSPORTER						
COMPANY	SPONE				DE	
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This is to certify acceptance of the above						
Signature	Print N	lame /10/6	C MARI	1/1/	Date Received Z 28.65	
TREATMENT/DISPOSAL FACILITY		· EP/			E NO	
COMPANY SOLITH DA	NTON DUNA	مند				
ADDRESS 1975 DAYDY	1 KD		JOB 1			
CITY	STATE	OHO	ZII	<u> 454</u>	39_ PHONE 200-899/	
This is to certify completion of treatment		•			-	
your records. Forward white copy to						
Signature	Print N	lame			Date	



EMERGENCY INFORMATION			SO	CALE INFORMA	TION
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COMPANY NAME STOCK COMPANY NAME	MOKAME		STATE I.D. 1	NO	
ADDRESS SOLO ALCONOMICS	MONEYE KU.	331110	PURCHASE	ORDER	15112 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked a	nd labeled, and are i	in proper condition for
transportation according to the applicab					
Signature A. M. All	Print N	lame //	MUS AL KA	Phone	20/1000
TRANSPORTER	Same	EPA	IDENTIFICATION N	O	
COMPANY	- YAME		STATE I.D. (ODE	
ADDRESS			JOB I.D. NO		
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Signature Thy IV TYP G	Print N	lame ///	MARTINE	Date R	eceived 7-39-55
TREATMENT/DISPOSAL FACILITY	***		LIDENTIFICATION C	ODE NO	
7 - 3-	GTON DUN	14	STATE I.D. N	10	
ADDRESS /475 ADV DE	N KD		JOB NO	700	400 COO/
CITY	STATE	OH10		439 PHON	
This is to certify completion of treatment					
Your records. Forward white copy to	generator. Processing o	of your invoice	will begin upon rece	ipt of signed copy	of this manifest.
Signature and this	Print N	lame (E)	V=74 (1)	Date (2-7-9



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
		1	15 Cu.	YD.	Wood
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	MAIL	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	ji LANI	DFILL	OTH	ER (Specify)
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OFNEDATOR					THE CALDWACE TOWN
GENERATOR DATE S COMPANY NAME DE COMPANY NAME DE COMPANY NAME DE COMPANY NAME DE COMPANY TOUR CITY DE COMPANY TOUR	MORANUS	<u> EP</u>	A IDENTIFICA	ATION COD	E NO. C SWEET AND CO. T. P. MARKE.
ADDRESS 3/00 M/25/	MURK KO	,		CHASE OR	DER
CITY	STATE	0410	7 01	71P <u>454</u>	20 PHONE Z37-12/2
This is to certify that the above named m					
transportation according to the applical	ole regulations of the De	epartment of Tra	insportation a	ind the EPA.	Keep gold copy for your records.
Signature	ALLIS W Print N	Name THE	MAPAS A	1. KA	108K Phone <u>787-186</u>
TRANSPORTER					
COMPANY	SAME				DE
ADDRESS					
CITY	STATE		Z	ZIP	PHONE
This is to certify acceptance of the above					
Signature Alamana III.	Print N	lame Mic	<u>(- 149)</u>	TIAI	Date Received 7.3/6
TREATMENT/DISPOSAL FACILITY			A IDENTIFICA		
	170N Dung	1			है। इंडिए के स
ADDRESS 1975 DOVE	DERI RUI		JOB	NO	
CITY	STATE	0410			39 PHONE 799-889
This is to certify completion of treatmen					
Your records. Forward white copy to	711			/ / .	of signed copy of this manifest.



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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	□ LAN	DFILL OTHI	ER (Specify)
ADDITIONAL INFORMATION:	144			
	CF	RTIFICATIO	N	
GENERATOR DATE S	HIPPED 3///			ENO. CHU 04655776
COMPANY NAME	TORTHUE STI	<u> </u>	The state i.d. No.	1
ADDRESS 3100 RIEEDAM	OKE ROAL	~		1
CITY 147700	STATE	0410	ZIP <u>45</u>	DER
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked and l	abeled, and are in proper condition for
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation and the EPA.	
Signature Land Jack	<u> そらかソノ</u> Print N	lame <i>√ACL</i>	MACKEON_	Phone:
TRANSPORTER	John Mr.		A IDENTIFICATION NO.	
COMPANY	_ SAME		STATE I.D. COL	DE
ADDRESS			JOB I.D. NO	
			ZIP	
This is to certify acceptance of the above				
Signature Market	Print N	lame	ZINU IVART	Date Received 8/1/35
TREATMENT/DISPOSAL FACILITY		, EP	A IDENTIFICATION COD	E NO
COMPANY DOUTH DAY	TON LUMB	··	STATE I.D. NO.	
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CITY CLINY TON.		1110	ZIP <u>4:04</u>	— ,, ,,,,,,,
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□ HAZARDOUS ® NON-HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NU. 1965

EMERGENCY INFORMATION			SCA	LE INFORMATION
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IN CASE OF EMERGENCY, NO	TIFY:		TRAI	LER NO. TRACTOR NO.
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COMPANY NAME ADDRESS	March Dill	OF 61	STATE I.D. NO.	
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CITY MAY TOM	STATE	4110	ZIP <u>45</u> 5	PHONE STORY
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked and	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of:Tra	ansportation and the EPA	Keep gold copy for your records.
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COMPANY DOUTH SUMY	PYOLEN ROAL		STATE I.D. NO.	
ADDRESS 1970 5 JA	1/	WW.	JOB NO	139 PHONE 291-391
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GENERATOR DATE SI	HIPPED <u>83 - S =</u> 140244005			DE NO. 040045557766
COMPANY NAME <u>JECO</u> ADDRESS <u>3/00 MEFO</u>				NDER.
CITY		0,410	PURCHASE OF	774 PHONE 237-1565
This is to certify that the above named m	O./			
transportation according to the applicat	le regulations of the De			
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TRANSPORTER COMPANY	SAME			DE
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TREATMENT/DISPOSAL FACILITY				PE NO
COMPANY SOLUTION	DAYTON D			
ADDRESS 1975 DRYLLY	N RD		JOB NO	
CITY DAYTON	STATE	OHIO	zip <u>454.</u>	39 PHONE <u>899-889/</u>
This is to certify completion of treatment		•		
Your records. Forward white copy to				
Signature / with	Print N	lame/ 1/2	MCIM (XR	1 / 20 Date 5-3-0-1



□ HAZARDOUS ⊕'NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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CITY WATERIA	STATE:	<u> </u>		ZIP <u>1/- 1/-</u>	PHONE //-/-
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition to
transportation according to the applicab	ole regulations of the Do	epartment of tra	ansportation	and the EPA.	. Keep gold copy for your records
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ADDRESS 1975 5. 1	AVDEN RO		JOI		· · · · · · · · · · · · · · · · · · ·
CITY & AYTOM.		2410		ZIP <u>-4554</u>	39 PHONE 299-88
This is to certify completion of treatment	, storage, reclamation, o	or disposal in co	ompliance wit	h appropriate	e regulations. Keep canary copy
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manual
Signature 10	Print N	Name/EX	1/6-74	La B.	1 1 Date Light



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.



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COMPANY NAME	ZUMENYAMIS Bertenin	<u> </u>	STA	TE I.D. NO.	DEB.
COMPANY NAME ADDRESS CITY A 7000		2	PUR	ID 455	PHONE STATE
This is to certify that the above named m	STATE	esified describe	d packaged n	narked and la	abeled, and are in proper condition for
transportation according to the applicat	aterials are properly cia	ssilled, describe enartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your records.
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TRANSPORTER	r salar di Millio	EP			E
ADDRESS			JOB		
	STATE		Z	IP	PHONE
This is to certify acceptance of the above	e materials for shipmer	nt Keen pink co	py for your re	cords. Appro	opriate placards were offered.
Signature A. A. A.	Print N	lame AMC	CARAN	<u> </u>	Date Received
TREATMENT/DISPOSAL FACILITY					NO
	7841 - 151472 E	2			
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CITY NASTOKY	STATE <u></u>	1410	Z	ıр <u>437</u>	39 PHONE 297. 784/
This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance with	appropriate	regulations. Keep canary copy for
Your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt o	of signed copy of this manifest.
Signature Annual Alas	Print N	lame / 🚈 🐴 🖰	11-11	2 8 8 £	Date <u>></u>



□ HAZARDOUS → NON—HAZARDOUS → WASTE □ RECLAIMABLE MATL. NO. 134667

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GENERATOR DATES				ON CODE	NO. OHDOGSES THE
COMPANY NAME - 18/00					
ADDRESS 3/00 MAKE	DMORK KD	;	PURCH	IASE ORD	ER
CITY	STATE	04/10	ZIP	<u> 254.</u>	29_ PHONE 237-7365
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, mar	ked and la	beled, and are in proper condition for
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation and	the EPA.	Keep gold copy for your records.
Signature	USIN Print N	lame <u> </u>	MASS N.	<u> 1844.00</u>	72 Phone 257-7-365
TRANSPORTER	J. P.				
COMPANY	SAME				
ADDRESS _			JOB LE). NO	
CITY	STATE		ZIP		PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your recor	ds. Appro	priate placards were offered.
Signature	Print N	lame <u>KM/K</u>	1 ORANGE	C	Date Received <u>8-8-85</u>
TREATMENT/DISPOSAL FACILITY		ED	A IDENTIFICATION	2NI CODE	NO.
COMPANY OUTH DHI ADDRESS 475 DWYDE	YTEN DIM	i)	STATE	I.D. NO.	
ADDRESS 1975 DAYON	0 12. <u>_</u>		JOB NO	D	
CITY	STATE	0140	ZIP	454	39 PHONE 200-8891
This is to certify completion of treatmen					
your records. Forward white copy to	generator, Processing	of your invoice	will begin upon	receipt o	of signed copy of this manifest.
Signature / Water 1/ 1/2	Wal Print N	lame AZZ	NETHCY	P.LL	0) Date 2 - 8 - 7 5



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 8766

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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COMPANY NAME	10001 10001	1 9- 011.	STA	TE I.D. NO.	
ADDRESS 3100 NEEDIN	ROKE RUM) (1/1/)	PUR	CHASE OR	DER , PHONE 237-1366
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COMPANY	()) V V V V C)C
CITY	STATE				PHONE
This is to certify acceptance of the above	_				
Signature Signature	Print N	Name 2/1//	() Ros	WER	Date Received 8/9/86
TREATMENT/DISPOSAL FACILITY				TION CODI	E NO
COMPANY SOUTH LAYTO	d Dump	Cr.			
ADDRESS 1975 5 0	KYDEN RI	2	JOB		
CITY SURYTUM,	STATE)HI()	z	IP <u>454</u>	39 PHONE 299.8891
This is to certify completion of treatmen					e regulations. Keep canary copy for
your records. Forward white copy to					
Signature	Print N	lame //c//	NGTH	64/LU	Date 8-5-85
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 14673

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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OF NEDATOR					ENO. 0HD 045557766
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COMPANY NAME JOSEPH ADDRESS 3/00 ALFEDI	MORE KD.		PUF	RCHASE ORI	DER
CITYDAYTON	STATE	OHIO	Z	1P 459	24 PHONE 237 1365
This is to certify that the above named m					
transportation according to the applicab	le regulations of the De	epartment of Tra	insportation a	ind the EPA.	Keep gold copy for your records.
Signature 7 M. KUMA	VV Print N	lame 140	1445 KL	KANIO	Phone <u>237-1365</u>
TRANSPORTER					
COMPANY	AME		STA	TE I.D. COD	E
ADDRESS			JOB	I.D. NO	
CITY					PHONE
This is to certify acceptance of the abov					opriate placards were offered.
Signature The Man	Print N	lame XII/K	<u>ORAL</u>	16F	Date Received <u>@-7.2- 83</u>
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICA	ATION CODE	E NO
COMPANY SOUTH SAY	TON DUNI	i	STA	TE I.D. NO.	
ADDRESS 1975 DRYDI	El KD.				76 606
CITY	STATE	<u> ()410</u>			39 PHONE 299-9.99/
This is to certify completion of treatment					
your records. Forward white copy to	· // // 7				٠ . د د د د د د د د د د د د د د د د د د
Signature Chile Du	Print N	ame/(EMA	IF IHC	12166	Date 9-12-45



□ HAZARDOUS № NON—HAZARDOUS ➡ WASTE □ RECLAIMABLE MATL. NU. □ 4474

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COMPANY NAME ADDRESS	<u> </u>	0 N (72) 173	STATE I.I	D. NO	
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transportation according to the applicat					1
					Phone 3/17/85
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ADDRESS 1415 - 1840.	STATE	11:0	JOB NO. گئر میت	5439	PHONE 299-8891
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Your records. Forward white copy to					
Signature Adam worth A					
Carmina	—————— FONUN	iame			Date:



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	SITION	
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GENERATOR DATE S				DE NO. CHO CASSS7766
COMPANY NAME DECCO	PIORAMIE		STATE I.D. NO	
ADDRESS 3/00 NIFFU.	MORK KD.		PURCHASE O	RDER
CITY	STATE	01410	zip <u>4\$</u> \$	124 PHONE 237-1365
This is to certify that the above named m		,		
transportation according to the applicat				
Signature	(KW) Print N	lame	WALIS AL KILL	1028 Phone 237-1365
TRANSPORTER	Call	EP	A IDENTIFICATION NO.	
COMPANY	SHIVE		STATE I.D. CO	DE
ADDRESS			JOB I.D. NO	·
CITY	STATE		ZIP	
This is to certify acceptance of the above		1.27	py for your records. App WK ORGANGE	ا
Signature (Carrier Ca	Print N	lame	NE ORGANISE	Date Received 8-75-85
TREATMENT/DISPOSAL FACILITY	7		A IDENTIFICATION COL	DE NO
1/276 130113	HYTON DL	MP		
ADDRESS /9/3 //2/D	EN KO.	OHA	JOB NO) ZIP 45A	30 700-8001
This is to certify completion of treatment	STATE	or disposal in ac		
Your records. Forward white copy to	-	•		
Signature Manack And	Print N	1		407 Date 8-13-85
Signature 1 1/2/1/1/10 Comments	Print N	rame (Date 1



□ HAZARDOUS ♥ NON—HAZARDOUS ♥ WASTE □ RECLAIMABLE MATL. NO. □4683

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	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	D. LAN	DEILI	потн	ER (Specify)
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GENERATOR DATES	HIPPED B-16-	CS T EP.	A IDENTIFICA	TION COD	ENO. CHOOGSSE 7766
COMPANY NAME	MORAINE	· · · · · · · · · · · · · · · · · · ·	STAT		
ADDRESS 3/00 A/RE	OHORE KI		PUR	CHASE ORI	DER
CITY	STATE	OHO		P 4547	
This is to certify that the above named m	1				
transportation according to the applicat	Sie regulations of the De	epartment of Training	ansportation ar	id the EPA.	OPL Phone 237-1365
Signature	<u> </u>				
TRANSPORTER	Same	EP			
COMPANY	- MARIC				DE
ADDRESS	. STATE				PHONE
This is to certify acceptance of the above		at Koon nink oo			
Signature Signature					Date Received 8-15-00
TREATMENT/DISPOSAL FACILITY	Davis D	EP.	A IDENTIFICA	TION CODI	E NO
COMPANY OLD THE	DAYTON DL	E PATE	STA1	E I.D. NO.	
ADDRESS 1975 Tryor		17/10	JOB	151	120 200 00016
CITY	STATE	<u> ()H10</u>		ь <u>АЭД</u>	PHONE 2007 CODY TOT
This is to certify completion of treatmen your records. Forward white copy to	t, storage, reclamation, or neperator. Processing a	or disposal in co of vour invoice	mpliance with will begin up	appropriate on receipt	of signed conv. of this manifest
					Date F. Bate
Signature	Print N	lame / 5	CA TOUTEL	/X // /	_c/_ Date 7



IMMEDIATE RESPONSE INFORMATION		
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IN CASE OF EMERGENCY, NOTIFY:	TRAILER NO. TRACTOR	NO.
SHIPPING INFORMATION		
D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAIN	ER TYPE MATERIAL DESCRIPT	ואסו
D.O.T. SHIFFING DESCRIPTION HAZARD CLASS QUANTITY CONTAIN	EN TIPE MATERIAL DESCRIPT	ION
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□ RECLAMATION □ INCINERATION □ LANDFILL	□ OTHER (Specify)	
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CERTIFICATION		
	TION CORE NO AUD DASCETT	76.5
GENERATOR DATE SHIPPED OF 10 - 05 EPA IDENTIFIC COMPANY NAME OF 10 MORANIE STA	TELD NO.	14247
ADDRESS SIOO AIRRIDMORE KO PUR	RCHASE ORDER	
CITY DAYTON STATE OHIO	ZIP 45424 PHONE 257-1	365
This is to certify that the above named materials are properly classified, described, packaged,		
transportation according to the applicable regulations of the Department of Transportation	and the EPA. Keep gold copy for your re	cords.
Signature Print Name THOMAS A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	36 <u>5</u>
TRANSPORTED / EDA IDENTIFIC	ATION NO	
COMPANYSTA	TE I.D. CODE	
ADDRESS JOE	I.D. NO	
CITY STATE ;		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your re		
Signature State China Print Name LINE OPA	Date Received	16.83
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICA	ATION CODE NO.	
	TE I.D. NO	
ADDRESS 1975 DAYDEII RD. JOE		0001
	TIP 45439 PHONE 700-9	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with Your records. Forward white copy to generator. Processing of your invoice will begin up		
Signature Constitute Copy to generator. Processing of your invoice will begin a	/	7 Z ~~
Print Name / Print Name	Date	-



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 184687

EMERGENCY INFORMATION	·			SCAL	E INFORMATION
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COMPANY NAME	MORAMIE		STA	TE I.D. NO.	
ADDRESS 3100 NERDI		<u> (1770)</u>	PUR	CHASE ORI	DER
CITY		0/1/0		•	7.0 PHONE 257-1265
This is to certify that the above named m					
transportation according to the applical	ie regulations of the De	epartment of 116	ASSI A	ind the EPA.	Reep gold copy for your records.
Signature 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Print N				
TRANSPORTER	SAME	EP.			
ADDRESS		, . · · · · · · · · · · · · · · · · · ·			DE
	STATE				PHONE
This is to certify acceptance of the about					
Signature Mark Mas	•				•
TREATMENT/DISPOSAL FACILITY	,				E NO
COMPANY _ OUTH DAY	WATON DUNG	7			E NO.
ADDRESS 1975 DEVOK	11 KD.		JOB	NO	
CITY	STATE	HIO	Z	IP <u>459.</u>	39 PHONE 200 8991_
This is to certify completion of treatmen	_			•	- · · · · · · · · · · · · · · · · · · ·
your records. Forward white copy to					
Signature Sammeth &	Selle Print N	lame ////	46/11	SIR. L	(0) Date 7-17-DC
	 				



□ HAZARDOUS NON—HAZARDOUS XWASTE □ RECLAIMABLE MATL. NO. 194689

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER	TYPE	MATERIAL DESCRIPTION				
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ADDITIONAL INFORMATION:									
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CERTIFICATION									
GENERATOR DATE SHIPPED 8-18-85 EPA IDENTIFICATION CODE NO. 04045557766 COMPANY NAME DELCO MORANE STATE I.D. NO.									
ADDRESS 3/00 NEEDMORE PURCHASE ORDER									
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-									
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, mark	ked and l	abeled, and are in proper condition fo				
transportation according to the applicat									
Signature V. M.	CON Print N	lame 140	V1115 Al-	CAUC	OKK Phone 237-1365				
TRANSPORTER EPA IDENTIFICATION NO.									
COMPANY		ATE I.D. CODE							
CITY STATE									
This is to certify acceptance of the above	e materials for shipmer	it. Keep pink co	py for your recor	ds. Appr	opriate placards were offered.				
Signature	Print N	lame	K OKHWO	6E_	Date Received 8-/8-05				
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICATIO	ON CODE	E NO				
COMPANY SOUTH DAY	STATE	I.D. NO.							
ADDRESS 1975 XXVDF	JOB NO		10 00 000						
CITY									
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.									
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Signature	Print N	lame			Date				



EMERGENCY INFORMATION					SCALE INFORMATION				
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ADDITIONAL									
INFORMATION:		· .							
CERTIFICATION									
GENERATOR DATE SHIPPED 6-70-85 EPA IDENTIFICATION CODE NO. 0410045557766									
COMPANY NAME STATE I.D. NO									
ADDRESS 3/(8) 1/(E/1)1/10/14 (D) PURCHASE ORDER									
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for									
transportation according to the applical	,								
Signature The Miles									
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TRANSPORTER "									
ADDRESS									
				3 I.D. NO ZIP PHONE					
This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co			opriate placa	rds were offered.			
Signature	Print N	lame ///	C MAR.	THE	Date	e Received <u>@- 70- 95</u>			
TREATMENT/DISPOSAL FACILITY						1			
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO									
ADDRESS 1975 DRYDKN KD JOB NO.									
CITY									
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for									
Your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest. Signature									
Signature / January	Print N	lame 2 GA	X ETH	(7) P/	2 c d Bate	3-10-85			
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 197696

EMERGENCY INFORMATION	·			SCAL	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S	HIPPED AND A COMME				ENO. 04004235 776;
COMPANY NAME	MORPHATE				
ADDRESS <u>2/00 //2000</u>	MORE STATE	0.440	PURC	HASE OR	DER
This is to certify that the above named management transportation according to the application					
Signature Signature	11 (a)	spartmont of the	ار از	X411	Car a Zor/365
	Print N				
TRANSPORTER	Samo	EP/	A IDENTIFICAT		
ADDRESS	Benedik Garage				DE
CITY	STATE			.D. NO >	PHONE
This is to certify acceptance of the above	_				
Signature	Print N		C 1914.07		Date Received 8-27-83
		varie			
COMPANY	HUTOU DUM			ION CODI E I.D. NO.	E NO
ADDRESS 1975 DAVIDE	W KL	,	JOB N		
CITY		340	ZIF	نمو تهمسر	39 PHONE 294-8391
This is to certify completion of treatmen	0////2				
your records. Forward white copy to	generator, Processing of	of your invoice	will begin upo	n receipt	of signed copy of this manifest.
Signature formers &	Stat Print N	lame NENI	1ETHG	RILL	.01 Date 8-21 25
- NEW YORK TO THE PERSON OF TH					



ENVIRONMENTAL MANIFEST HAZARDOUS NON-HAZARDOUS WASTE, D'RECLAIMABLE MATL. NO. B4700

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO	TIFY:		TR	AILER NO. TRACTOR NO.		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
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INFORMATION:						
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054504700		.01 500		DDE NO. CY//2 0455557765		
GENERATOR DATE S	HIPPED <u>111 A.A.</u>	EP/	A IDENTIFICATION CO	ODE NO. N. Y ASP IS YAS SEAS Y PROPERTY		
ADDRESS SIOO MES	DMORK KL	<i>7,</i>	PURCHASE (DRDER		
CITY	STATE	0440	ZIP <u>45</u>	4.24 PHONE 257-1864		
GENERATOR DATE S COMPANY NAME ADDRESS CITY This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked an	d labeled, and are in proper condition for		
transportation according to the applical	ole regulations of the De	epartment of Tra	insportation and the EF	A. Keep gold copy for your records.		
Signature Signature	Print N	lame 1401	MS K. KHU	Phone 237-7365		
TRANSPORTER	*)		
COMPANY	13175			ODE		
ADDRESS			JOB I.D. NO.			
CITY	STATE		ZIP	PHONE		
This is to certify acceptance of the about						
Signature	Print N	lame <u>///E/</u>	MARTINE	Date Received 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
TREATMENT/DISPOSAL FACILITY		EP/		DDE NO.		
COMPANY SOUTH DAY	1701 DUA	. ' /		0		
ADDRESS 1975 201401	·		JOB NO			
CITY	OINIE	0110	zip <u>45</u>	139 PHONE 299-889/		
This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	mpliance with appropri	ate regulations. Keep canary copy for		
your records. Forward white copy to	A CONTRACTOR OF THE CONTRACTOR	. /		and a service of a		
Signature (B. Print N	lame (1/15-7//(-7)	Date		



□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL. NO. □ 4704

EMERGENCY INFORMATION				SCA	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL INFORMATION:					
	CI	RTIFICATIO)N		
GENERATOR DATE S	73 Jan 23	2 - 1		ATION COD	ENO. 09/2009-000507/9/6
GENERATOR DATE S COMPANY NAME ADDRESS 2/00 4/6/6/	MARAMIE				
ADDRESS	IMORE KI	<i>)</i>	PUE	CHASE OR	DEB
CITY	STATE	OMO	;	ZIP <u>- 4554</u>	2.7 PHONE 252 / 255
This is to certify that the above named m					
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name <u>///</u>	Market 18	<u>. 1444. (</u>	Phone 2827/200
TRANSPORTER	8" - 9 . 11 m	E P	A IDENTIFIC	ATION NO.	
	SAMIC		STA	TE I.D. COD	DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the above	ve materials for shipmer Print N		py for your re		opriate placards were offered Date Received 2.73 6.2
TREATMENT/DISPOSAL FACILITY		. , , EP	A IDENTIFICA	ATION COD	E NO
COMPANY SOUTH S	49776 D				
ADDRESS	541 May	CO. 120	JOE	NO	(39 PHONE 309-8997
CITY	STATE	13970		ZIP <u>959</u>	COM PHONE A GOOD BURN
This is to certify completion of treatmen	_	or disposal in co	mpliance with	n appropriate	e regulations. Keep canary copy for
Your records. Forward white copy to					
Signature A Commence of	And Print N	lame/(<u>/- //</u>	110/1	1178	1/6 Date 3-23-36



EMERGENCY INFORMATION	· · · · · · · · · · · · · · · · · · ·		:	SCAL	E INFOR	MATION
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ADDITIONAL INFORMATION:					٠	
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2100 11000	MORANIE		STA			
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This is to certify that the above named m transportation according to the application						
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TRANSPORTER COMPANY	SAMK	EP.	A IDENTIFICA STA)E	
ADDRESS				I.D. NO		
CITY	STATE				PH	ONE
This is to certify acceptance of the above					opriate placa	ards were offered.
Signature My A	Print N	Name ////	MART	W/	Dat	e Received 8-34-95
TREATMENT/DISPOSAL FACILITY_		EP.	A IDENTIFICA	ATION CODI	E NO	
COMPANY SOCITAL DAY	47011 DUMP	2 	STA	TE I.D. NO.		
ADDRESS 1975 DEVIDE	<u>(/</u>	50 1100 ·	JOB	NO	20	-00 CCO;
CITY	STATE	DHO_		IP <u>959</u>		ONE <i>200-8501</i>
This is to certify completion of treatment your records, Forward white copy 10'					_	
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Signature Signature	Print N	vame 7 C A	exact Area	1. 1. 1. 2.	. ~~ Dat	e



□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO.

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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.	
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GENERATOR DATE SI	HIPPED A 25	<u> 영화</u> EP/	A IDENTIFICA	TION COD	ENO. (1411/145557766)	
1 2/00 0 1////	<u>TORNINE.</u> VIORE LU					
7) 18421	MORE KU	num	PUR	CHASE OR	DER	
CITY						
This is to certify that the above named m transportation according to the applicate						
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Signature FI 18 UM	71.769.17 V Print N	•				
TRANSPORTER U	SAME					
COMPANY					DE	
ADDRESS					BUONE	
CITY						
This is to certify acceptance of the above		الور ل	py for your re		J.	
Signature	Print N	lame <u>///</u>	1. 1. 1.17.11	W	Date Received # 25 %	
TREATMENT/DISPOSAL FACILITY	During J	eP/	A IDENTIFICA	TION COD	E NO	
COMPANY STATE I.D. NO						
ADDRESS 1975 DRYDF		Preten	JOB _	NO	29 PHONE 2849-889/	
CITY	STATE	<u> </u>		-	. '	
This is to certify completion of treatment your records. Forward white copy to	_	•				
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Signature	Print N	lame			Date	



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

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EMERGENCY INFORMATION			SC	ALE INFORMATION
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	M. H.			
	SHIPPI	NG INFORM	ATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL INFORMATION:				
	CE	RTIFICATIO	N	
GENERATOR DATE SI				DE NO. 04/0045557766
COMPANY NAME _ 200	MOPALLE		STATE I.D. NO	1
ADDRESS 3100 NEKO	MORE ED.		PURCHASE C	RDER
CITY	STATE	OHIO		474 PHONE 237/365
This is to certify that the above named m				
transportation according to the applicat				
Signature	Print N	lame	WIFES NO KAY	1042 Phone 237 1365
TRANSPORTER		EP	A IDENTIFICATION NO	
COMPANY	- F1116		STATE I.D. CO	DDE
ADDRESS			JOB I.D. NO.	
CITY	STATE			PHONE
This is to certify acceptance of the above				· · · · · · · · · · · · · · · · · · ·
Signature	Print N	lame	C MARTILI	Date Received 6-26-55
TREATMENT/DISPOSAL FACILITY	. 2		A IDENTIFICATION CO	DE NO
0.5	PYTON DUA	619 50		D
ADDRESS 1915 12900	(1) KD.	Delas	JOB NO	120 - 7008001
CITY	STATE	OHO	ZIP_SG	139 PHONE 299-889/
This is to certify completion of treatment your records. Forward white copy to		•		- '
11 62)	
Signature 1910 Lette And	Print N	lame (= A	W1-71-167R	Contract Date 2



□ HAZARDOUS Ø NON—HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION		· · · · · · · · · · · · · · · · · · ·		SCAL	E INFORMATION	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	Y CONTAINER TYPE MATERIAL D		MATERIAL DESCRIPTION	
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□ RECLAMATION □ IN	NCINERATION) LANI	DFILL	OTHE	R (Specify)	
ADDITIONAL						
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		DTIFICATIO				
	<u> </u>	RTIFICATIO			200 046557726	
7 3 and -	المعرف المعالم				NO. 04D 045557726	
ADDRESS	MOPIE ED		51A	ATE I.D. NO. ACHASE ORDER ZIP 45424 PHONE 737-1365		
CITY	STATE	0410		IP 459	24 PHONE X37-1365	
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, n	narked and la	abeled, and are in proper condition for	
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation a	nd the EPA.	Keep gold copy for your records.	
Signature	MINNO Print N	lame / 4	MAS N.	KAUI	ORK Phone X37-1365	
TRANSPORTER	·					
COMPANY	- SAME				E	
ADDRESS	<u>,, ,</u>	·	JOB	I.D. NO		
CITY					ł da da da da da da da da da da da da da	
This is to certify acceptance of the above	e materials for shipmen	t. Keep pink co	py for your red	cords. Appro	ppriate placards were offered.	
Signature	Print N	lame ////	PHE	THE	Date Received 8-27-85	
TREATMENT/DISPOSAL FACILITY		. EPA	IDENTIFICA	TION CODE	: NO	
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ADDRESS 1975 DEVIDIO	II RD		JOB		00 0000	
CITY	STATE	OH10		P 459.		
This is to certify completion of treatment	s, storage, reclamation, o	or disposal in co	mpliance with	appropriate	regulations. Keep canary copy for	
Your records. Forward white copy to						
Signature Com CTL J.	Print N	ame (A	<u> </u>	<u> </u>	11 Date 2-27-35	



□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 1997

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TRANSPORTER COMPANY	Single State Comment				DE
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the above	e materials for shipmen	ıt. Keep pink ço	py for your re	ecords. Appr	opriate placards were offered.
Signature	<u>∄a </u>	lame	(19/1) e.	THE	Date Received 8.28.85
TREATMENT/DISPOSAL FACILITY		FP	A IDENTIFIC	ATION CODI	E NO
COMPANY SOUTH DAS	MON DUN	21.2		-	
ADDRESS 1975 DEVDE	U KD.			3 NO	
CITY	STATE	0410			39 PHONE 200-8391
This is to certify completion of treatment					
Your records. Forward white copy to	generator. Processing o	of your invoice	will begin u	pon_receipt	of signed copy of this manifest.
Signature Le 2 10 11	Print N	lame (15 x)	45-1-1	GRIL	(-) T Date - 2 - 2 - 5 - 5



□ HAZARDOUS MON—HAZARDOUS MWASTE □ RECLAIMABLE MATL. NO.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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ADDRESS 3100 1/500	MODE BU		PURCHASE OR	
CITY	STATE	OHO	ZIP <u>45</u> 4.	29 PHONE <u>Z37-7365</u>
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked and I	abeled, and are in proper condition for
transportation according to the applicat				
Signature	1000 Print N	lame THE	MAS M. KAW	020 Phone 737-1365
TRANSPORTER	and the	EP	A IDENTIFICATION NO.	
COMPANY	SAME		STATE I.D. COL	DE
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ADDRESS _/975	FIL KD.	(3)./.6	JOB NO	277 200
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Your records. Forward white copy to				
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1737

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ADDRESS A COMPANY NAME DO COMP	STATE		TIP 4455	2-1 PHONE 237-136-57
This is to certify that the above named m				
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation and the EPA	Keep gold copy for your records.
Signature	Print N	lame	K Jackson	Phone y-y-go
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ADDRESS				
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This is to certify acceptance of the above	ve materials for shipmen	nt. Keep pink co	py for your records. App	ropriate placards were offered.
Signature 200	Print N	lame <u>///</u>	1 Martin	Date Received
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICATION COD	E NO
COMPANY SOUTH DIA- ADDRESS 2015 BOYE	1700 Dun	2.0	STATE I.D. NO.	
ADDRESS 2015 Ford	en Kol	,	JOB NO	
CITY DAYTON				
This is to certify completion of treatmen	t, storage, reclamation, c	or disposal in co	mpliance with appropriat	e regulations. Keep canary copy for
Your records. Forward white copy to				
Signature	Print N	lame <u>75 ×</u>	SEIHER.	150/Date 7-07-5



□ HAZARDOUS ® NON—HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NU.

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COMPANY NAME WAS A STATE OF MI	DESTINE DIV	OF GA	STATE I.D. NO	52 100.
ADDRESS 3/00 ALESOM			PURCHASE OI	RDER
CITY 100 / 700	STATE 🏒	<u> 410</u>	zip <u>≠5</u> 5	124 PHONE 237/365
This is to certify that the above named m				
transportation according to the application	ole regulations of the De	epartment of Tra	insportation and the EPA	
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COMPANY Y	DAMC.		STATE I.D. CO	
ADDRESS			JOB I.D. NO	i
This is to certify acceptance of the above	STATE		ZIP	
Signature				Date Received
TREATMENT/DISPOSAL FACILITY	2	, EP	A IDENTIFICATION COL	DE NO
COMPANY OUTH NAT	TON DUME	·	STATE I.D. NO	
ADDRESS. ASTONIA	YMEN -	11/189	JOB NO.	130 200 834
This is to certify completion of treatment	STATE	or disposal in as	ZIP 457	to regulations. Keen canary conv. for
Your records. Forward white copy to				
Signature Alexander A. B.		1/	WETH ER	



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GENERATOR DATE SI	HIPPED 9-7-8	95 EP	A IDENTIFICA	TION COD	E NO.	401. ISS 3.776
COMPANY NAME	1949 (1949) A. B. C. C.		STA	TELD NO		
ADDRESS -2/00 AMMANA	クラベイ ・ メニュノ・・・		PUR	CHASE OR	DER	
CITYSOVINTOW	STATE	1. 164D	Z	IP <u>- 9.59</u>	<i>ХО</i> Р	HONE 237 364
This is to certify that the above named m						
transportation according to the applicab	le regulations of the De	epartment of Tra	insportation a	nd the EPA.	Keep gold	l copy for your records.
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ADDRESS 475 DEVEN	<u> VTON - DOM</u> W - ED:			TE I.D. NO.		
CITY	STATE	040	JOB _. 7	NO	39 p	HONE 299-8841
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□ HAZARDOUS D'NON—HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO. 54740

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COMPANY NAME DECCO / ADDRESS 3/00 DEEDMO	TORAINE					
ADDRESS 3100 MEKDING	DEE PD.		PUR			
CITY ZAYTOW	STATE	OHIO	z	IP <u>454</u>	74_ PHONE 237-13/65	
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, n	narked and l	abeled, and are in proper condition for	
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation a	nd the EPA.	Keep gold copy for your records.	
Signature Coll	Print N	lame//h	24175 X	1. KAN	OPZ Phone 237-1365	
TRANSPORTER		FPA	A IDENTIFICA	TION NO.		
COMPANY	SAME				DE	
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This is to certify acceptance of the above	e materials for shipmen					
Signature	Print N	lame <u>/////</u>	PIFET	14/	Date Received <u> 9-8 GS</u>	
TREATMENT/DISPOSAL FACILITY			A IDENTIFICA		E NO	
ADDRESS 1975 DAVD			JOB	NO		
CITY	STATE	0140			39 PHONE 299-8891	
This is to certify completion of treatment	, storage, reclamation, o	or disposal in co	mpliance with	appropriate	regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing o	of your invoice	will begin up	on receipt	of signed copy of this manifest.	
Signature	Print N	lame		·	Date	
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□ HAZARDOUS NON—HAZARDOUS (WASTE □ RECLAIMABLE MATL. NO. 14747

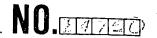
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COMPANY NAME ADDRESS AND COMPANY NAME	<u> 1960 Kanada (1965)</u> Kanada (1966)		STATE I.D. NO.	
ADDRESS	0.07 760 75 P. J. J.	6 2003	PURCHASE ORI	DER
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Signature	ne regulations of the De	spartment of the	Team A/ Calife	The state of the s
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TRANSPORTER COMPANY	المعلى والراب يشعن			
ADDRESS				E
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your records. Appre	opriate placards were offered.
Signature	Print N	James 1975	l Marine	Date Received 2 2 4 5
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TREATMENT/DISPOSAL FACILITY COMPANYCONTROL	177 11 Buch			E NO
ADDRESS 1675 Day	OBJE KILL		JOB NO	*
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This is to certify completion of treatmen	, storage, reclamation, o			
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Signature A	Print N	lame <u>A.S.A.</u>	1416746,0	Date Date
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER	TYPE	MATERIAL DESCRIPTION	
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This is to certify that the above named m						
transportation according to the applicat						
Signature	Print N	lame			Phone	
TRANSPORTER						
COMPANY ::						
ADDRESS						
CITY	STATE		ZIP _		PHONE	
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Signature	Print N	lame	<u> 1972 - 1713</u>		Date Received	
TREATMENT/DISPOSAL FACILITY		, EP/	A IDENTIFICATIO	N CODE N	10.	
COMPANY	MA SALANO				<u> </u>	
ADDRESS	<u>n 1225/1 ASZ</u>	1 1111/61	JOB NO.	 	DHONE	
					PHONE	
This is to certify completion of treatment your records. Forward white copy to	generator. Processing of	of your invoice	will begin upon i	receipt of	signed copy of this manifest	
Signature Alexander 18 18 18	Print N	lame V/V/	ETHICKER	1.65	Date <u>4-71-85</u>	



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.



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COMPANY NAME	<u> 2014/4042 - 5 5</u> 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	<u> </u>	STA	TE I.D. NO.	
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transportation according to the applicab					
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TRANSPORTER COMPANY	Silvery Comment				E
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CITY	STATE			IP	PHONE
This is to certify acceptance of the abov		t. Keep pink co			
Signature In al market	CC Print N		MART	i	Date Received 9/12/85
TREATMENT/DISPOSAL FACILITY			DENTIFICA	TION CODE	<i>i</i>
COMPANY SOUTH SA	YTON LIVE	WP -			
ADDRESS 1915 5.	DRYUEN A	POAD_		NO.	
CITY DAYTOK!	STATE	(OH1O:-	z	IP <u>459</u>	37 PHONE 399-2091
This is to certify completion of treatment					
your records. Forward white copy to	generator. Processing of	of your invoice	will begin up	Z 3	
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. ☑ 7 7 □ □

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This is to certify that the above named ma	aterials are properly clas	ssified, describe	d, packaged, r	narked and la	abeled, and are in proper condition for
transportation according to the applicab	le regulations of the De	epartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your records.
Signature	A 77 Print N	lame	Charles and	#70 A. 27	Phone
TRANSPORTER	and the second	•	A IDENTIFICA		
COMPANY /	A STATE OF THE STATE OF	·			DE
ADDRESS			JOB	1.D. NO	
CITY	STATE				PHONE
This is to certify acceptance of the abov	and the second	it. Keep pink co	py for your re	cords. Appro	opriate placards were offered.
Signature	Print N	lame	1. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1111	Date Received
TREATMENT/DISPOSAL FACILITY	1 7	EP/	A IDENTIFICA	TION CODE	E NO
COMPANY SOUTH SE	WY CONTRACT	1)170		TE I.D. NO.	
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This is to contifu completion of the standard	STATE	2/11(1		IP <u>#707</u>	PHONE 39 STORY FOR
This is to certify completion of treatment your records. Forward white copy, to,					
11 11 11 11 11	and the state of t			1	LOC Date 2 2 2 4
Signature Home and the Chapter	Print N	lame 4	37.75. 7.2		Date



☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	OLIANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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This is to certify that the above named ma						
transportation according to the applicab	le regulations of the De	epartment of Tra	insportation a	and the EPA.	Keep gold copy for your records.	
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This is to certify completion of treatment		or disposal in co				
your records, Forward white copy to						
Signature Conneth Tru	- ///	lame / E.M.			407 Date 9-14-85	



□ HAZARDOUS ṁ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION			· · · · · · · · · · · · · · · · · · ·	SCAL	E INFORM	MATION	
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TREATMENT/DISPOSAL FACILITY	~ 1 n = 2		A IDENTIFICAT				
COMPANY 1/7/ JAIN	00/1/11/2012 DVIVENT 10/07	7.0					
ADDRESS 1976 5 08 CITY \$ 1877 700.		19110)	JOB (NO	1367 DUG	ONE 249.83-9.	
This is to certify completion of treatment	STATE						
Your records. Forward white copy to							
Signature Kound Andler	/ Print N					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 7 □ 7 □ 7

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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ADDRESS - 100 11-104	10RAIGE ROAD	+76 C7 C	ZZĮ SIA	LE I.D. NO. CHASE ODI	nep
CITY WWW.777/	STATE	OHIO	FUN	IP 457	24 PHONE 237-1366
This is to certify that the above named ma					
transportation according to the applicab	le regulations of the De	epartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your records.
Signature <u>Jack Jack</u>	R SOR Print N	lame <i>VFICI</i>	L MAOKS	OU	Phone
TRANSPORTER	·	EP.	A IDENTIFICA	TION NO.	
COMPANY			STA	TE I.D. COD	DE
ADDRESS					
CITYThis is to certify acceptance of the above					PHONE
Signature Manager of the above	e materials for snipmer Print N	lame MEL	MARTA	(1/)	Date Received 9/15/85
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICA	TION CODE	E NO
COMPANY JOUTH LAY				_	
ADDRESS 1715 S. D.		9D D HO	JOB 7	NO	9 PHONE 299. 8891
This is to certify completion of treatment	STATE	or disposal in co	mpliance with	appropriate	1
your records. Forward white copy to g	•	· · · · · · · · · · · · · · · · · · ·			- · · · · · · · · · · · · · · · · · · ·
Signature	Print N	lame		<u> </u>	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 767

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COMPANY NAME	PERCHAIR		STA	TE I.D. NO.		
COMPANY NAME ADDRESS ADDRESS	MORE MU.		PUR	CHASE ORE	DER	
CITY	STATE	(15HD)	Z	JRCHASE ORDERPHONE		
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, n	narked and la	abeled, and are in proper condition for	
transportation according to the applicat	le regulations of the De	epartment of Tra	insportation a	nd the EPA.	Keep gold copy for your records.	
Signature	Print N	lame	WINS KL	1440	<u> </u>	
TRANSPORTER	44.5					
COMPANY	- 18 M. C.		STA	TE I.D. COD	E	
ADDRESS	······································					
CITY						
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appro	opriate placards were offered.	
Signature	<u>Print N</u>	lame ///.	<u>. 171481.</u>	181	Date Received @ 1/60 055	
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	1700 Dum	<u> </u>	STA	TE I.D. NO.		
	1 20.	0.110	JOB	NO	10 mag 0001	
CITY DAY TOS	STATE	UMIU	Z	IP <u>553-54-</u>	97 PHONE 200 800/	
This is to certify completion of treatment your records. Forward white copy to	, storage, reclamation, e	or disposal in co of vour invoice	will begin un	appropriate	regulations. Keep canary copy for	
Signature Annual White copy to	generator, Processing (K-RIX	IETH I	P. I.	or signed copy of this manifest.	
Signature Advisor P. Str.	Print N	lame /	\$674 LTS	7	Date W 107 101	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 24763

EMERGENCY INFORMATION		· · · · · · · · · · · · · · · · · · ·		SCAL	LE INFORMATION	
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	SHIPPI	NG INFORM	ATION			
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ADDRESS	<u> </u>			ATE I.D. NO		
CITY DAYTON	CTATE	1:410	PUF	TID 4554	27 PHONE 237-1365	
This is to certify that the above named m						
transportation according to the applicat						
Signature	A kanna in the book	Jan Tark	201015	وأركب للمراجع	1086 Phone 227-1265	
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TRANSPORTER	SAME				·	
ADDRESS					DE	
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This is to certify acceptance of the above		nt Keep pink co				
Signature	Print N	الولايع فأرار		771		
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TREATMENT/DISPOSAL FACILITY COMPANY COMPANY COMPANY	Wrow Dun		•		E NO	
ADDRESS	11 100			3 NO		
CITY DAYTON	STATE	VHO		ZIP 459	34 PHONE 274 8841	
This is to certify completion of treatment	-					
your records. Forward white copy to						
					4-77 Date <u>9-19-85</u>	
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ADDRESS ADDRESS ACCOUNT	1082018/15 Vanishin S 4111		STATE I.D), NO
CITY JAN-1977	STATE STATE	6.40	PURCHAS	CODE NO
This is to certify that the above named m	aterials are properly cla	edition describe	d nackaged marked	d and labeled, and are in proper condition for
				EPA: Keep gold copy for your records.
Signature	ON Drint N	lama A	OMAS KL.	KHILL Phone 237-1368
TRANSPORTER	· · · · · · · · · · · · · · · · · · ·			
COMPANY	Sugar C			NO
ADDRESS				10
				PHONE
This is to certify acceptance of the abov			py for your records.	. Appropriate placards were offered.
Signature	Print N	lame	C MARTIN	Date Received
TREATMENT/DISPOSAL FACILITY			A IDENTIFICATION	CODE NO.
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ADDRESS <u>1975 AMV D</u>	tige the		JOB NO	
CITY	STATE	CHO	ZIP	PHONE ZOVERNAL
				opriate regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing of	of your invoice	will begin upon re	ceipt of signed copy of this manifest.
Signature Andrews Fifty	442 CPrint N	lame <u>(15.4)</u>	1617 WA	216 (1) Date 7.16-45



 \square HAZARDOUS \square NON—HAZARDOUS \square WASTE \square RECLAIMABLE MATL.

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	SHIPPI	NG INFORM	ATION		
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ADDRESS SIOO WES	MARCHE KL	<u>).</u>	DIBC	I.D. NO.	DEB
ADDRESS SIOO MISSI CITY SAMPLE	STATE	DHO	ZIP	454	79 PHONE 757-1365
This is to certify that the above named m					
transportation according to the applicab	ole regulations of the De	epartment of Tra	ansportation and	I the EPA.	Keep gold copy for your records.
Signature / / / /	MUVU Print N	Jame TH	DIMAS AS	15/1	1088 Phone 237-1365
TRANSPORTER	,,				
COMPANY	SHARE				DE
ADDRESS		-			
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This is to certify acceptance of the above	e materials for shipmen	ıt. Keep pink ço	py for your reco	rds. Appr	opriate placards were offered.
Signature	Print N	lame	C MARTIR		Date Received 2-1995
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICATI	ON CODE	E NO
COMPANY SOCETH DI	447021 Du	MAP			
ADDRESS 1975 DOYD	EN KD		JOB N		500 500 E
CITY	STATE	OHIO		459	
This is to certify completion of treatment					
your records. Forward white copy to	7.1	1/-		>	
Signature flamme (18 8)	Print N	lame (51-1	JEIH (5/2/ 	LLU Date 7-19-



□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL. NO. □ 47773

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COMPANY NAME AND AND AND AND AND AND AND AND AND AND	College Market Market College		STAT	E I.D. NO.	
CITY	CTATE	101110	PURC	CHASE ORI	OER
This is to certify that the above named m					
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation an	d the EPA.	Keep gold copy for your records.
Signature	Print N	lama 7/1/	e Devie de la comp	1. 48.7	C.C. Phone
TRANSPORTER	11111010				Thone
COMPANY	11/11/16				DE
ADDRESS					
CITY					
This is to certify acceptance of the above					
Signature	Print N	lame <u>1994</u>	19941971	d2	Date Received
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COMPANY _ 4 COLTH COLLY	1140 Decorps	<i>.</i>	STAT	E I.D. NO.	
ADDRESS	KI Fins	415	JOB	NO	
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your records. Forward white copy to					
Signature Learned Ch. Alek	Print N	lame // Common //	11-1-11	1 2 1 1 1	2011 Date 7-2 4 595



□ HAZARDOUS NON-HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 19770

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COMPANY NAME	<u> Calendary i Karlin</u> Turkanian kan		STA	TE I.D. NO.	
ADDRESS	<u> </u>	! 	PUR	CHASE OR	DER
GENERATOR DATE SI COMPANY NAME ADDRESS CITY This is to certify that the above named m	STATE	<u> </u>	Z	IP <u></u>	PHONE - 124 Con Con
This is to certify that the above named m transportation according to the applicab	aterials are properly clas	samed, describe	u, packageu, n	iai keu anu ii	abeled, and are in proper condition for
Signature	Drink N	lama	MAN IN		Phone 2007/10/2003
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TRANSPORTER COMPANY	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				DE
ADDRESS					
CITY	•				
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	lame	<u> (1940)</u>	7987	Date Received
TREATMENT/DISPOSAL FACILITY	naa waxaa 577 ay		A IDENTIFICA	TION CODE	E NO
7/10/7	144784 2211	9F			
ADDRESS	KAI KD.	0110	JOB	NO	29 PHONE 227 1365
This is to certify completion of treatment	STATE				
your records. Forward white copy to					
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Signature 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Print N	iame A		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date



□ HAZARDOUS NON—HAZARDOUS XWASTE □ RECLAIMABLE MATL. NO. 194778

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IN CASE OF EMERGENCY, NO	TIEV		TRA	ILER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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		RTIFICATIO		
GENERATOR DATE S	HIPPED <u></u>	<u></u>	A IDENTIFICATION CO	DE NO. 046,0485,877/6
COMPANY NAME DELCO ADDRESS SOO MESO CITY SON TO MESO	Work Par		STATE I.D. NO	DDEB
CITY JUNE 177 1	CTATE	1350	PUNCHASE U	730 PHONE 232/345
This is to certify that the above named m	atorials are properly star	crified describe	d nackaged marked and	I labeled, and are in proper condition for
transportation according to the applicat				
Signature Signature	At ENAL park	7/4	man de KA	10912 Phone 237-1365
	Print N			·
TRANSPORTER	Calmin			
COMPANY	277773			DDE
ADDRESS				
This is to certify acceptance of the above				
Signature		1111	1.79	Date Received 978.85
TREATMENT/DISPOSAL FACILITY			A IDENTIFICATION CO	DE NO
COMPANY SOLITH DA)
ADDRESS 1975 DRYDE		ONTO	JOB NO	120 200,0001
CITY WAYTON	STATE		ZIP <u>4.56</u>	
This is to certify completion of treatmen				
Your records. Forward white copy to			•	
Signature	Print N	Name		Date



□ HAZARDOUS → NON—HAZARDOUS → WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	LE INFORMATION
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ADDITIONAL					
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	CE	RTIFICATIO)N		
GENERATOR DATE SI				ATION COD	ENO. 040045557766
COMPANY NAME - 20 1	MORANIE -		STA	ATE I.D. NO.	
ADDRESS 3/00 3/15/9	DMONE RE		PUF	RCHASE OR	DER
ADDRESS 300 MSPA	STATE	(1010	2	ZIP <u> </u>	25 PHONE 237-7396
This is to certify that the above named m					
transportation according to the applicab	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	11200 Print N	Name	644115 1	U Kish	<u> 学校</u> Phone <u> </u>
TRANSPORTER					
COMPANY	SAME				DE
ADDRESS					
CITY					
This is to certify acceptance of the above					
Signature	Print N	Jame <u>////-</u>	C PHAR	201	Date Received 9723-55
TREATMENT/DISPOSAL FACILITY			A IDENTIFIC	**************************************	E NO
	mou Dun	, e-19			LIVO.
ADDRESS 1975 DRYE	SH KD.		JOE		
CITY	STATE	0410		ZIP <u>4543</u>	39 PHONE 299-8391
This is to certify completion of treatment	the state of the s		mpliance with	h appropriate	
your records. Forward white copy to	generator. Processing of	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature Alazaroth Sh	ello Print N	lame EM	1514	4 R16	1207Date 1-25-35



□ HAZARDOUS NON—HAZARDOUS NON

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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					ENO. 0/0/2/53577/46
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ADDRESS SICO MIGADIA	2025 KD		51# PUF	CHASE OD	DEB
CITY	STATE	Otho	FUF	ID 454	29_ PHONE 200105
This is to certify that the above named m					
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	ind the EPA.	Keep gold copy for your records.
Signature And Andrews	ULAN Print N	Jame //	EVANUS A	l Ban	WE Phone 237-1365
TRANSPORTER	1 11116 C				
COMPANY	SAME	EP.			DE
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	lame ///	(1919)	7711	Date Received 2.25-85
TREATMENT/DISPOSAL FACILITY			A IDENTIFICA	ATION CODE	E NO
COMPANY _ SCY 1771 DA	PYTON DUM				
ADDRESS 1975 ZWYDV	11 120			NO	·
CITY	STATE	<u> </u>	2	IP <u>4543</u>	39 PHONE 200-889/
This is to certify completion of treatmen					regulations. Keep canary copy for
your records. Forward white copy to	F	17		<i>~</i> ``	- 1 Com
Signature Jene ZK A	Print N	lame / [5 / / /	SETH (TRILL	67 Date 9-23-23



ENVIRONMENTAL MANIFEST

HAZARDOUS NON-HAZARDOUS WASTE | RECLAIMABLE MATL. NO. P. 1790

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GENERATOR DATE S COMPANY NAME 2000 19 ADDRESS 3/00 16601 CITY 2007700	HIPPED <u>STANDS</u>	EP/	A IDENTIFICA	TION CODE	ENO. CALLEGE CAR SHEET FACE
ADDRESS 3/00 (156)	1026 MD.		SIAI	E I.D. NO.	nep
CITY DAYTON	STATE	0,43 "	FUNC	p 959	DER
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transportation according to the applicat					
Signature 7 / / / / / / / / / / / / / / / / / /					Phone <u>457 /565</u>
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TRANSPORTER (-	Stane				
ADDRESS	The second of th				DE
CITY	STATE				PHONE
This is to certify acceptance of the above					
	Print N				Date Received 4.76-85
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICAT	TION CODE	E NO
COMPANY SQUITH DA	YTON DUM	16	STAT	E I.D. NO.	
ADDRESS 1978 DEYD	CN KO.	0.4/10	JOB I		0 300 0000
CITY	STATE	0410		р <u>4543</u>	
This is to certify completion of treatmen					- · · · · · · · · · · · · · · · · · · ·
your records. Forward white copy to	_	1	•	, , , ,	A 4.00m.
Signature The state of	Print N	lame 1251	NEIM	57517	_ L 0/ Date 7 . 1/2 000



□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. □4773

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ IN	NCINERATION	jd, LANI	DFILL	OTHE	ER (Specify)
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CITY					
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Signature	Dint N	Jama An	BAS A	7 Kain	200 Phone 200 / 200
<i>!</i>	CHILD				
TRANSPORTER COMPANY	SAM				DE
ADDRESS	Transmitter of the state of the				
CITY	STATE				PHONE
This is to certify acceptance of the above					
Signature	Print N	Name 🚜	111/1/20	116	Date Received 227-85
TREATMENT/DISPOSAL FACILITY	4	, EP	A IDENTIFIC	ATION COD	E NO
COMPANY	YTON DUMP				
ADDRESS 1975 2001	EN KU	· 47 (///)	JOI	B NO.	20 200 000/
CITY		DH10	 	ZIP <u>90分</u>	39_ PHONE 297-889/
This is to certify completion of treatment your records. Forward white copy to					
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□ HAZARDOUS E NON—HAZARDOUS E WASTE □ RECLAIMABLE MATL. NO. 1977

EMERGENCY INFORMATION			SCA	LE INFORMATION
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GENERATOR DATE S COMPANY NAME ADDRESS	HIPPED <u>- 7 / 4 3 / .</u> クシェスタ/デスプログ	<u> </u>	A IDENTIFICATION COD	ENO. LASER ASSOCIATION
ADDRESS TO A TECHNICAL	OPF ROAD	to summer	STATE I.D. NO.	DEB
CITY WAY TOWN	STATE	407	ZIP	PHONE ·
This is to certify that the above named m				
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation and the EPA	. Keep gold copy for your records.
Signature	Print N	Name AAAA	MORCONT	Phone 4-23-35
TRANSPORTER				
COMPANY	S. J. Horst			DE
ADDRESS			JOB I.D. NO	
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above				ropriate placards were offered.
Signature The Control of the Control	Print N	lame	LAMPETON	Date Received 178/36
TREATMENT/DISPOSAL FACILITY	4,	EP.	A IDENTIFICATION COD	E NO
COMPANY 2007H JOHYTE	711 /1/1076		STATE I.D. NO.	
ADDRESS 1975 5. DRY	DEN BUME		JOB NO.	
CITY \$\sum_B^27000/		2,410	ZIP <u>4=4</u>	
This is to certify completion of treatment	-			-
your records. Forward white copy to				
Signature (1919) (1)	Print N	lame / / h	WE THINK!	ELECT Date 11 11 11 11 11 11



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. □4773

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□ RECLAMATION □ II	NCINERATION	,⊈ LANI	DFILL		ER (Specify)
ADDITIONAL					
INFORMATION:					
	CI	RTIFICATIO)N		
GENERATOR DATE S	HIPPED 9-29-	<u> 95 EP</u>	A IDENTIFIC	ATION CODE	ENO. 040048857766
COMPANY NAME DELCO	MORHIUK		STA	ATE I.D. NO.	
ADDRESS 3/00 N/F/CD	MORK RP.		PUF	RCHASE ORI	DER
CITY	STATE	0410	;	$ZIP \leq S = S = S$	24_ PHONE <u>Z37-1365</u>
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition fo
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation :	and the EPA.	Keep gold copy for your records.
Signature ///	-{ LUCIVIV Print N	Name ///	UAS M.	SHI	Phone 237-1365
TRANSPORTER	- 				
COMPANY	SAME				E
ADDRESS					
CITY					
This is to certify acceptance of the about					
Signature					

COMPANY COMPANY	VTOU Drown	EP/ ジ			E NO
ADDRESS 1975 DOYDE	1 2/2				
CITY	STATE		JOE	710 450-	39 PHONE 291 8891
This is to certify completion of treatmen					
your records. Forward white copy to					-
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Signature	Print N	name	:	· ·	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ BOO

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GENERATOR DATE S	HIPPED <u> </u>	EP.	A IDENTIFIC	ATION COD	ENO. 1410 09555 7766			
COMPANY NAME STATE I.D. NO. ADDRESS 3/00 MENDINORE MODER CITY STATE 0/1/0 zip 454.74 PHONE 237.13								
ADDRESS 3/00 MCADMONA PD					RCHASE ORDER			
This is to certify that the above named m								
transportation according to the applical	ble regulations of the D	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.			
Signature - 1 / Cu	Print N	Name	EXIMS	<u> 11. 15. 14</u>	MCER Phone 227 1865			
TRANSPORTER	\subset	EPA	A IDENTIFIC	ATION NO				
1 - WHECK					DE			
ADDRESS								
CITY	STATE			ZIP	PHONE			
This is to certify acceptance of the above								
Signature	Print N	Name	. 1914)	47/18/	Date Received 2-30-85			
TREATMENT/DISPOSAL FACILITY					E NO			
	HYTON DE	. 11-11 . 1						
ADDRESS 1475 DRYDEN KD. JO			3 NO					
CITY	STATE	0410		ZIP <u>454</u>	39 PHONE 799-889/			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for								
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.			
Signature Duneth the	LEST Print N	James EXIA	12816	SRIL	40) Date 9-30 85			
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□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL. NO.

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	MATER	RIAL DISPOS	SITION				
□ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify)							
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GENERATOR DATE SHIPPED 10-1-85 EPA IDENTIFICATION CODE NO. 040 04555777 COMPANY NAME DECO 1908 HUE STATE I.D. NO. PUBCHASE ORDER							
ADDRESS 3/00 NEKDMORE RD. PURCHASE ORDER							
This is to certify that the above named m							
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	ind the EPA:	Keep gold copy for your records.		
Signature	MUDUU _ Print N	Name ///	CHAS,	11. KA.	1018 Phone 237-1365		
TRANSPORTER							
سنور کرند به کرکر کو					ATE I.D. CODE		
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CITY	STATE		2	ZIP	PHONE		
This is to certify acceptance of the above	· ·	. 21			opriate placards were offered.		
Signature7	Print N	lame	C 1771	77.0	Date Received 40+185		
TREATMENT/DISPOSAL FACILITY	-11 E	EP/	A IDENTIFICA	ATION CODE	■ NO		
COMPANY SOUTH DAYTON DRIMM STA				TE I.D. NO.			
ADDRESS 1975 DRYDE	(1 KD.	6110		NO	20 -200 0001		
CITY	STATE	UMO		IP 4593			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator, Processing of your invoice will begin upon receipt of signed copy of this manifest.							
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Signature Alfrant Ch.	Print N	lame (437)	114011	Y EVICT	LA /Date 18- 1-35		



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 1990

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ADDRESS 3/00 NEGOT	STATE I.D. N PURCHASE							
CITY	ZIP 45	474 PHONE 257-1844						
This is to certify that the above named m	STATE	-						
transportation according to the applicat	ole regulations of the De	enartment of Tra	ansportation and the E	PA. Keep gold copy for your records.				
Signature 7.	Print N	lame THE	MAS N. KA	WORK Phone 237-1365				
TRANSPORTER //				0				
سنو لام و الرمن)				CODE				
CITY	STATE		ZIP	PHONE				
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your records. A	ppropriate placards were offered.				
Signature	Print N	lame <u>L. B.C.</u>	ANGE	Date Received 10-1-85				
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICATION C	ODE NO				
COMPANY (TH L)	HYTON DU	1950	STATE I.D. N	10.				
ADDRESS 1975 JUVE	DEW KID.	0.40	JOB NO	707 1301				
CITY	STATE		•	939 PHONE 294 889/				
This is to certify completion of treatmen								
your records. Forward white copy to								
Signature	Print N	lame		Date				



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IN CASE OF EMERGENCY, NO	TIFY.			TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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	MATE	I RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	Þ LAN	DFILL	OTH	ER (Specify)
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GENERATOR DATE S	HIPPED 10-7-6	EP.	A IDENTIFICA	ATION COD	ENO. 0/10045557766
COMPANY NAME DECCO	WORKINE		STA	TE I.D. NO.	
ADDRESS 3100 NEED/ CITY DHYTON	770.00 XD	0440	PUR	ICHASE OR	DER
This is to certify that the above named m					
transportation according to the applicat					
	2001) Brint N	James - 14	DUPS.	W. E	WOKE Phone 237.1365
	PINICI				
TRANSPORTER COMPANY	SAME				 DE
ADDRESS					
CITY					PHONE
This is to certify acceptance of the above					
Signature	Print N	Name	OPANE	7E	Date Received 10-2-85
TREATMENT/DISPOSAL FACILITY	MON DUMP	ļ			E NO
	170KI DUMP W PD				<u> </u>
ADDRESS 1975 DAYDE.	STATE	OH10	JOB	NO.	39_ PHONE 799. 8891
This is to certify completion of treatmen					
Your records. Forward white copy to	=	•			
Signature				•	- · · · · · · · · · · · · · · · · · · ·
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□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. 14509

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	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE MAT		MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	LAN	DFILL_	OTHE	ER (Specify)
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GENERATOR DATE SI COMPANY NAME ADDRESS ACC MASCA CITY DATE SI	HIPPED <u> </u>	Er	A IDENTIFIC: STA	ATION CODI	E NO. <u> 477 447 () ()</u>
ADDRESS STOO MAGE	20000 14	· .	PUF	RCHASE ORI	nfr
CITY	STATE	0140		ZIP <u>4/54 .</u>	28 PHONE 2374 (8)(4)
This is to certify that the above named m					
transportation according to the applicate Signature	Miles Print N	lame	OWN .	1. C. 16	9000 Phone 250 730
TRANSPORTER	17. 2				.,
COMPANY	SAME.				E
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the above	e materials for shipmer				opriate placards were offered.
Signature	Print N	lame	19718	<u> </u>	Date Received
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICA	ATION CODE	E NO
COMPANY					
ADDRESS 1475 WHYD	1541 F.W.			NO	
CITY \$\int 2\hland 1/10\land 1	STATE	0,410	2	IP <u>954</u>	24 PHONE 289 3397
This is to certify completion of treatment					
your records. Forward white copy to	generator. Processing of	of your invoice	will begin u	on receipt	of signed copy of this manifest.
Signature Carnete 71 A	力にClast Print N	lamé (EV)	V (- 1 /)	C. K. K. C.	Control Date



□ HAZARDOUS È NON—HAZARDOUS È WASTE □ RECLAIMABLE MATL. NO. 24817

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IMMEDIATE RESPONSE INFOR	RMATION				•
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		<u> </u>		NET	WT
IN CASE OF EMERGENCY, NO	· ·			TRAII	LER NO. TRACTOR NO.
	W. H.				
		NG INFORM	ATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	`□ LAN	OFILL	□ OTH	ER (Specify)
ADDITIONAL		/ _			
INFORMATION:					
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	CI	RTIFICATIO	N		
GENERATOR DATE S	HIPPED <u>10-3-</u>	<u> 6</u> EP	A IDENTIFIC	ATION COD	ENO. ONDOGSSS 7764
COMPANY NAME ARCCO	MORHIUE -		ST/	ATE I.D. NO.	
ADDRESS	SMORE KD-		PUI	RCHASE OR	DER
CITY				•	24 PHONE 237-1864
This is to certify that the above named m					
transportation according to the applicat	ble regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
Signature (// / /	人しらい Print N	Name	<u>OMM 18</u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	OEE Phone 237-1865
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	
COMPANY	SAME		ST/	ATE I.D. COD	DE
ADDRESS					
					PHONE
This is to certify acceptance of the above					
Signature	Print N	Name	K OK	GAICTE	Date Received 10.3.85
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO
2 1	4470N DU	4300	ST/	ATE I.D. NO:	
NODITION	W KD.		JO		200 800 x
CITY	STATE	0410		ZIP <u>454.</u>	
This is to certify completion of treatmen	_				_
your records. Forward white copy to					- ' '
Signature	Print N	Name			Date



EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE SH COMPANY NAME DE CO ADDRESS DIO NEFEMBLE	ORK KUL		PUF		
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ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 27876

EMERGENCY INFORMATION			SC	CALE INFORMATION
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IN CASE OF EMERGENCY, NO	TIFY:		TF	AILER NO. TRACTOR NO.
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COMPANY NAME DECO / ADDRESS SIOO MEEL CITY DELY/OUT	890 B - 1. D.	Own	PURCHASE	ORDER
				nd labeled, and are in proper condition for
transportation according to the applicat	ble regulations of the De (x,y,y)	epartment of Tra	ansportation and the E	PA. Neep gold copy for your records.
Signature	<u> といいつ</u> Print N	lame	14.43 St 1811	WORK Phone 237-1345
TRANSPORTER	and the second second	EP.	A IDENTIFICATION N	0
COMPANY	SAME		STATE I.D. (CODE
ADDRESS				
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above	-			
Signature	Print N	lame	K OPAKIGE	Date Received 10-4-85
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICATION C	ODE NO.
COMPANY _ SOUTH D	AYTON DUE	7		10
ADDRESS 1475 DRYDE	II RU		JOB NO	
CITY	STATE	0,410	zip_4S	9-89 PHONE 200 839/
This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	mpliance with approp	riate regulations. Keep canary copy for
your records. Forward white copy to	=			
Signature	Print N	lame		Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORMATION
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This is to certify that the above named m					
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
Signature 11 10	ALOVU Print N	Name Take	14/19/5 A1	Jak Jak	WE Phone 237-1865
TRANSPORTER					
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ADDRESS					
CITY					PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print N	Name ///	C MAR	17111	Date Received 10.4 S.C.
TREATMENT/DISPOSAL FACILITY	77				E NO
COMPANY XXIII	WION DUNG		STA	ATE I.D. NO.	
ADDRESS 19/2	EM ED	2 110	JOI	3 NO	120
CITY	STATE	0/110		ZIP <u>~~~</u>	39 PHONE 299 8891
This is to certify completion of treatmen your records. Forward white copy to	-	•			_
Signature Landelli Sta	Shot Print N	Name AE V	NE TH	151816	(0) Date 0-4-80



□ HAZARDOUS HON—HAZARDOUS HWASTE □ RECLAIMABLE MATL. NO. 1992

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This is to certify that the above named m					· · · · · · · · · · · · · · · · · · ·
transportation according to the applical	ore regulations of the De	epartment of Tra	insportation a	ind the EPA.	Neep gold copy for your records.
Signature 11.6 1.6 Signature	Print N	lame	WOHL.	/(/ , /C./)	77.000 Phone 2017/000
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COMPANY					E
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This is to certify acceptance of the above					
Signature	Print N	lame ////	J.C.F	HNG C	Date Received 10-5-8a
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ADDRESS 475 DAYD	EXI KD.	0.4.4	JOB	NO	120 200 0001
CITY	STATE				39_ PHONE <u>799-889/</u>
This is to certify completion of treatmen your records. Forward white copy to	_				
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ NO.

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ADDRESS 3/90 //S/20	MATTON CO.		PUR	CHASE ORI	DEB
COMPANY NAME ADDRESS CITY	STATE	0///0	Z	IP <u>≪\$4.</u>	PHONE 227 Bush
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, n	narked and la	abeled, and are in proper condition for
transportation according to the applicab	ole regulations of the De	epartment of Tra	insportation a	nd the EPA	Keep gold copy for your records.
Signature	(1.15-15) Print N	lame	33/45 No	1. 14. 14.	022 Phone <u>737-7867</u>
TRANSPORTER					
COMPANY	SAME		· · · · ·		DE
ADDRESS			JOB	I.D. NO	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	lame	<u> </u>	W	Date Received 42 5 95
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COMPANY SOUTH DAY	MON DUM	<i>_</i>	STA	TE I.D. NO.	
ADDRESS 1975 DRVIDE	U KO	83 A =	JOB	NO	200 000
CITY	STATE	0,510		-	99 PHONE 299-889/
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COMPANY NAME 1000 ALSON	MARIONE ALIS		STA	ATE I.D. NO.	250
ADDRESS <u>3/00 A/690</u> CITY <u>3/4/17/4/</u>	CTATE	040	PUF	RUHASE OH	75 PHONE 237 CS
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transportation according to the applical			-		
Signature A	U (-) D	1000 /1/8	2011 (1	V. Ka	1000 Phone 737 1765
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This is to certify acceptance of the about					
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TREATMENT/DISPOSAL FACILITY COMPANY OUTH DAY	TONE THE				E NO
ADDRESS 1975 DEVOE				NO	
CITY	STATE	OHIO	JOE	7IP 456	39PHONE 299 8891
This is to certify completion of treatmen				_	
Your records. Forward white copy to					•
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□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL.

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This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked a	and labeled, and are in proper condition for
transportation according to the applicab	Print N	lame ////	2445 N. L	WCCC Phone 237 1563
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your records.	Appropriate placards were offered.
Signature	Print N	lame	<u>C 1411.2710</u>	Date Received 40-2-65
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ADDRESS 475 DOVAN		1)400	JOB NO	139 PHONE 200-8841
CITY	STATE	OHIO	ZIP <u>4</u>	FITOINE Z
This is to certify completion of treatment your records. Forward white copy to		•		oriate regulations. Keep canary copy for
Signature florengil H	Print N	lame / [/= /-//	1517 (91K)	Date / 6 - / - / / / / / / / / / / / - / - / / / / / / / / / / / - / -



ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. ERROZI

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transportation according to the applicat				
Signature August	Dial .	lama del	WAS AL BA	1000 Bhoss 237 1515
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TRANSPORTER "	Sund			
ADDRESS				DE
CITY				PHONE
This is to certify acceptance of the above				
Signature	•		. 🗥	· ·
	1,,,,,		IDENTIFICATION COR	
TREATMENT/DISPOSAL FACILITY COMPANY - SOUTH J	WZEW DOW	J	STATE I.D. NO.	E NO
ADDRESS 1975 DEVICE			IOR NO	•
CITY	STATE	OHIO	zip <u>954</u>	34 PHONE 294-8841
This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance with appropriate	e regulations. Keep canary copy for
your records. Forward white copy to				
Signature	Print N	Jame		Date
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□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL. NO. □ 4830

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S	HIPPED 10-8-6	27 Eb	A IDENTIFIC	ATION COD	ENO. 0400455577/66
COMPANY NAME SECONO ALECT	MINDE HD		STA	ATE I.D. NO.	0.50
CITY	STATE	0410	PUF	RCHASE OR	29 PHONE 237-1365
This is to certify that the above named m				•	
transportation according to the applical					
Signature 77. KAM					(10KK Phone 237-1365)
TRANSPORTER COMPANY	SAMOR				DE
CITY					
This is to certify acceptance of the above					
Signature	Print N	Name ///	K OKI	11166	Date Received 10-8-85
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY SOUTH D	9470N DUM				
ADDRESS 1975 DAVDE			JOE	3 NO	
CITY	STATE	OHIO	_ ` ;	ZIP <u>959</u>	39 PHONE 299 8891
This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	mpliance wit	h appropriate	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print N	lame	<u>. </u>	 	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORMATION
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		1	150	12.25	11/21/22
	MATE	RIAL DISPOS	SITION		
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COMPANY NAME	MONANIK	<u>():</u> EP	A IDENTIFIC STA	ATE LO NO	ENO. CONTRACTOR OF THE PROPERTY OF THE PROPERT
ADDRESS 3/00 1/500	TOWN RD.		917 PUF	RCHASE ORI	DER
CITY	STATE	Orto		zip <u>454</u>	24 PHONE 237-13/5
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and la	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	Print N	Vame	DANAS KI	C. 819116	## Phone #37 1265
TRANSPORTER	· · · · · · · · · · · · · · · · · · ·	EPA	A IDENTIFIC	ATION NO	
COMPANY	SHINE				E
ADDRESS					
					PHONE
This is to certify acceptance of the above					_
Signature	Print N	Name	<u>CIIII</u>	9710	Date Received 10-9-95
TREATMENT/DISPOSAL FACILITY		, EP	A IDENTIFIC	ATION CODE	E NO
COMPANY DUTTH DA	VIBA - LANGER		STA	ATE I.D. NO.	
ADDRESS 1974 JUVOTA		0,410	JOE	3 NO	39 PHONE 200 8391
CITY	STATE			ZIP <u>454</u>	
This is to certify completion of treatment your records. Forward white copy to					-
Company of Ward Wife Copy to	1 Mat	1	Kins Tuh	Carrie J. J. J.	Date 20 - 2 - 3
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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COMPANY NAME	<u> 1900 GEORE</u>		STATE I.D. NO	D
ADDRESS 3100 M/KK		DATO	PURCHASE O	RDER ブアグ フェフノジ(の)
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Signature	Print N	lame	STOPPS MINH	110KL Phone 237-1365
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	PYTON DUR	1,0	STATE I.D. NO)
ADDRESS 675 DOVING	·	1)110	JOB NO	12/1 -2/11 (1/2)
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Signature	Print N	ame		Date



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COMPANY NAME	40041116	····	STATE I	.D. NO	
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ADDRESS 1975 ZAVOL	STATE	OHIO	JOB NO		39_ PHONE_200-6301
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□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. 14837

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ADDRESS 3/00 NESD	HOLE KD.		STATE I.D. NO.	
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TRANSPORTER COMPANY	DAK			PE
ADDRESS	-4:P/L			/C
CITY	STATE			
This is to certify acceptance of the above				
Signature	Print N	Jame LINI	& ORANGE	Date Received 10-10-85
TREATMENT/DISPOSAL FACILITY	YTON DUMP		A IDENTIFICATION CODE STATE I.D. NO.	
ADDRESS 1915 DRYDE	W RP.		JOB NO	·
CITY JAYTON	STATE	OHIO	ZIP 4593	39 PHONE <u>799-8891</u>
This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	ompliance with appropriate	regulations. Keep canary copy for
your records. Forward white copy to				_
Signature	Print N	lame	*. *. * * * * * * * * * * * * * * * * *	Date
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□ HAZARDOUS NON-HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 184840

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
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GENERATOR DATES	HIPPED <u>(12-11-1</u> Miles Delinie	23. EP/	A IDENTIFICAT	TON COD	ENO. OHD 045557766
COMPANY NAME 3/00 MAG	ONIONE KI)	STAT		
CITY	STATE	01/10	FUNC	159,	7.4 PHONE 237-1365
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transportation according to the applicat					
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COMPANYOUTH	MON DUM	EPI D			E NO
ADDRESS 1475 DRYI	OFM RD.		STATI		
CITY	STATE	OHO	715 715	154	24 PHONE 850-8861
This is to certify completion of treatmen					
your records. Forward white copy to					_
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□ HAZARDOUS À NON—HAZARDOUS À WASTE □ RECLAIMABLE MATL. NO. 184843

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GENERATOR DATE S	HIPPED 10-15-	<u>65</u> EP/			NO. OND OASSS 7766
COMPANY NAME	YORANIE	<i>y</i> :)	STATE	I.D. NO	
ADDRESS 3/00 MER	NOCHILLE DMOLE KA STATE	0.	PURCH	ASE ORD	ER
CITY	STATE	CATO	ZIP .	7.572	PHONE ZOZZZZ
This is to certify that the above named m					
transportation according to the applical	ole regulations of the De	epartment or Tra	insportation and	مرافعه بر فرسر مطمع	Neep gold copy for your records.
Signature W/W	Print N	lame ///	MAS H. S.	JAKILK.	Phone <u>737-1365</u>
TRANSPORTER	Cinner	EPA	A IDENTIFICATIO	ON NO	
COMPANY	SMAKE				
ADDRESS					
CITY					PHONE
This is to certify acceptance of the abo		11 151	by for your recor	,	
Signature	Print N	lame	C. I ITIKITK	<u>/</u>	Date Received 10-13-95
TREATMENT/DISPOSAL FACILITY	7.26	EP/	A IDENTIFICATIO	ON CODE	NO
COMPANY SOLITH	PAYTON LUIN	DP	STATE	I.D. NO	:
ADDRESS 1913 DRYD	EN KU,		JOB NO		20 200,890/
CITY	STATE	OHO			9 PHONE 298-889
This is to certify completion of treatmen your records. Forward white copy to	-				-
Signature				•	_ * _ '



□ HAZARDOUS NON—HAZARDOUS NO

EMERGENCY INFORMATION			S	CALE INFORMATION
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ADDRESS 3100 NEX	DMORE K	0	PURCHASI	ORDER
CITY	STATE	OHIO	zip <u>4</u> .	ORDER
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked	and labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation and the	EPA. Keep gold copy for your records.
Signature	MADU Print N	Name	HOMAS N.	LAUCH Phone 237 1365
TRANSPORTER		EP.	A IDENTIFICATION I	NO
COMPANY	SHILE		STATE I.D.	CODE
ADDRESS)
CITY	_			PHONE
This is to certify acceptance of the above	•	• •		
Signature	Print N	lame X/A/	K ORHNOR	Date Received 19-95
TREATMENT/DISPOSAL FACILITY	1 (- 7)	EP.	A IDENTIFICATION	CODE NO.
COMPANY OUTH DA	STON LUM		STATE I.D.	NO
ADDRESS _//78 _XV/D	EN XO.	01/10	JOB NO	-130 200 ROUL
No. 10 10 10 10 10 10 10 10	STATE	<i>UMU_</i> _	ZIP <u>43</u>	
Your records. Forward white copy to				oriate regulations. Keep canary copy for
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Signature	Print N	lame		Date



□ HAZARDOUS MON—HAZARDOUS MWASTE □ RECLAIMABLE MATL. NO. 184849

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ADDRESS 3/00 A/E/L	DINDER PI		STATE I.C). NO
CITY _ DAYTON	STATE	040	PURCHAS	SE ORDER
				d and labeled, and are in proper condition f
				E EPA. Keep gold copy for your records.
Signature 1. 71. FM	LUW Print N	Name 1/14	SMAS Al. KI	1410EL Phone 237-1365
TRANSPORTER	·	EP	A IDENTIFICATION	NO
COMPANY	- JAME		STATE I.C). CODE
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This is to certify acceptance of the above	•		_	
Signature	Print N	Name AMA	C OPAUGO	Date Received /D-/5-8
TREATMENT/DISPOSAL FACILITY COMPANY _ OUT! DE	YTON DUM	O EP		CODE NO
ADDRESS 1975 JULION	(KD.		JOB NO.	
CITY	STATE	OHO		15939 PHONE 299-8891
Your records. Forward white copy to	t, storage, reclamation,	or disposal in co	ompliance with appro	opriate regulations. Keep canary copy for
Signature	Print N	Name		Date



□ HAZARDOUS (NON—HAZARDOUS) WASTE □ RECLAIMABLE MATL. NO. BUSIN

EMERGENCY INFORMATION				SCALE INFORMATION		
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GENERATOR DATE S	CORANIE	<u> </u>	STAT	E I.D. NO.	LINO	
ADDRESS 3100 1/15/51)	どつとき ピカー		PURC	CHASE OR	DER	
CITY	STATE	0410	ZI	р <u>150</u>	24 PHONE 237-1365	
This is to certify that the above named m					1	
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation an	d the EPA.	Keep gold copy for your records.	
Signature	Print N	Name 149	NY145 K.C.	X HHO	Phone 237-1365	
TRANSPORTER	Sulance	EP	A IDENTIFICAT	TION NO		
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This is to certify acceptance of the above			OPA		I	
Signature	Print N	lame /////	CACETAL	C) E	Date Received 10/6.88	
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7811/01/		10410	JOB 1	NO. <u>ACA</u> .	39 PHONE 294-8841	
This is to certify completion of treatment	STATE	or disposal in co	moliance with	nnronriete		
your records. Forward white copy to					-	
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COMPANY NAME 126100	MOURINE		ST.	ATE ID NO		
ADDRESS 3100 NAS.	OMORE KU		PUI	RCHASE OR	DER	
CITY	STATE	OHO		ZIP <i>959</i> .	7 PHONE 237 1265	
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transportation according to the applical						
Signature /	LivVV Print N	Name	019115 1	O. PAR	108R Phone 237-1365	
TRANSPORTER	<u></u>	EP.	A IDENTIFIC	ATION NO.		
COMPANY	XHHE.		ST/	ATE I.D. COD	DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the about					and the second s	
Signature	Print N	Name //CC	111121	<i>AU</i>	Date Received 10-16-85	
TREATMENT/DISPOSAL FACILITY	1117811 711	ال سات			E NO	
11)-15 2000	1470A/ 1201		STA			
CITY	<u> </u>		JOE		39 PHONE 299-8891	
CITY STATE OHO ZIP 45434 PHONE 244-884/ This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for						
your records. Forward white copy to	_				-	
Signature/Unineth &		77.		2004	0T Date 10-16-53	
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□ HAZARDOUS © NON—HAZARDOUS © WASTE □ RECLAIMABLE MATL. NO. 54854

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COMPANY NAME	MORANNE.	<u> </u>	A IDENTIFIC ST	ATION CODE	= NO. <u>47780-2015-4848-77-1-1-1-1</u>
ADDRESS SION ALKEDIA	40だと ベン・・		PUI	RCHASE ORI	DER
CITY JAYYOU	STATE	(1410		ZIP <u>4847</u>	PHONE ZEEZ ZEES
This is to certify that the above named m					
transportation according to the applicat	ole regulations of the De				
Signature 77 AUM	Print N	Name THO	11/15 KM	SHKOK	Phone 1957/154
TRANSPORTER	21 B	EPA	A IDENTIFIC	ATION NO	
COMPANY	SAME		ST/	ATE I.D. COD	E
ADDRESS			JOE	3 I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print N	Name 1180	1/1/17	41	Date Received AND 35
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION CODE	NO
	TON Drouge			_	
ADDRESS 1975 CHUDE	1 KD .			3 NO	
CITY	STATE	01110 -		ZIP <u>4543</u>	9 PHONE 299-989/
This is to certify completion of treatmen					regulations. Keep canary copy fo
your records. Forward white copy to					
Signature 10 minutes A	20 Mod Print N	Name TELALO	115741	<u>Cylesia</u>	Date <u> </u>



□ HAZARDOUS NON—HAZARDOUS NOSTE □ RECLAIMABLE MATL. NO. 34855

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ADDRESS 3/00 A/K/	OPPOPE E	W.	STA	CHASE OF	DEB	
CITY	STATE	0110	FUR	ZIP 45424 PHONE 237 1345		
This is to certify that the above named m						
transportation according to the applicab	le regulations of the De	epartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your records.	
Signature	MAHAV Print N	James THE	MAS AL	KAMIC	OPP Phone 237-1365	
	Phillip					
TRANSPORTER COMPANY	SAME	EP			DE	
ADDRESS	Art of Photos				JE	
CITY	STATE				PHONE	
This is to certify acceptance of the above						
Signature The first terms of the second seco	Print N	lame	<u> </u>	KTIKI	Date Received 10-18-95	
TREATMENT/DISPOSAL FACILITY				TION CODE	E NO	
	YTON DUM					
ADDRESS 1975 DOVID	FN KO.		JOB	NO		
CITY	STATE	OHIO	Z	ip <u>959</u>	<u> 39</u> phone <u> 299-8391</u>	
This is to certify completion of treatment		•			- · · · · · · · · · · · · · · · · · · ·	
your records. Forward white copy to		2		-		
Signature Concrete 3	Print N	lame 150	KIE TAN	C3/21	(12) Date 18-12-13	



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 1916

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION			:	•
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.
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		NG INFORM	IATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	ূর, LAN	DFILL		ER (Specify)
ADDITIONAL					
INFORMATION:				,	
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		RTIFICATIO			
GENERATOR DATE S	нірр <u>ер 70-78-</u>	35 EP	A IDENTIFIC	ATION COD	ENO. 04/0095557766
COMPANY NAME	MORAINE				
MODITE OF THE STAT		D.	PUF	RCHASE OR	DER
CITY	STATE				74 PHONE 237-1365
This is to certify that the above named m					
transportation according to the applical	ble regulations of the De	epartment of Tra	ansportation :	and the EPA.	Keep gold copy for your records.
orginatoro ,	MEDU Print N	lame ////	1911/2 /	(, , ~ , ~ , / , / , /	0xx Phone 237-1365
TRANSPORTER	Comme	EP	A IDENTIFIC	ATION NO.	
COMPANY	Sult 11/16	· · · · · · · · · · · · · · · · · · ·	STA	ATE I.D. COL	DE
ADDRESS				_	
CITY					
This is to certify acceptance of the about		OH.			
Signature	Print N	lame	THUIL		Date Received 10-19-65
TREATMENT/DISPOSAL FACILITY	of the same	EP/	A IDENTIFIC	ATION COD	E NO
Mar Da	AYTON DUI	WP	STA	ATE I.D. NO.	
ADDRESS 1975 DEVIDA	KN KD.		JOE	3 NO	120 200-0001
CITY	STATE	OHIO			39 PHONE 299 - 8891
This is to certify completion of treatmen your records. Forward white copy to		· · · · · · · · · · · · · · · · · · ·			- · · · · · · · · · · · · · · · · · · ·
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Signature	Print N	lame			Date



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NU. 84862

EMERGENCY INFORMATION				SCAI	LE INFORMATION
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A.	A.				
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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	⊡ LAN	DEILI		ER (Specify)
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ADDITIONAL INFORMATION:					
	CF	RTIFICATIO)N		
GENERATOR > DATES				ATION COD	ENO DAD DA 5557756
GENERATOR DATE S COMPANY NAME	CRAINE D.	IU OF G.	77 STA	ATE I.D. NO.	
ADDRESS SICO RIESDA	IORE ROND		PUI	RCHASE OR	DER
CITY <u>\$1.47704.</u>	STATE _C				24_ PHONE 237-1365
This is to certify that the above named m					
transportation according to the applicat					
Signature Jack Jack	Print N	lame <u>JHC</u>	L WHO	KIND W	-Rhone= /(2// 7/3).
TRANSPORTER	<u> </u>			_	
COMPANY	SAME				DE
ADDRESS	. 07475				BUONE
This is to certify acceptance of the above	STATE				PHONE
-ha - t		lame MEL			4.44
Signature	Print N	lame ///EL	VIN TUIN	IK TIN	Date Received 10-19-35
TREATMENT/DISPOSAL FACILITY	m. 1 - 7	EP.	A IDENTIFIC	ATION COD	E NO
COMPANY DOUTH DAY	TON SIJOINE	DEN RO	ነብ ን	TE I.D. NO.	
CITY WAY TOLL	STATE _)41()	JUE	3 NO. ZIP 454	37 PHONE 299-889/
This is to certify completion of treatmen		or disposal in co			
your records. Forward white copy to					
Signature 2 moth th					Cor Date (4) 4 152
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□ HAZARDOUS ♥ NON—HAZARDOUS ♥ WASTE □ RECLAIMABLE MATL. NO. □4865

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IN CASE OF THE POTNOY NO	TIEV			TDAI	LER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NO				Indii	ELN NO. TRACTOR NO.	
	16.19.					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□ OTHE	ER (Specify)	
ADDITIONAL						
INFORMATION:						
THE CHARACTER.					_	
	_	RTIFICATIO				
GENERATOR DATE S	HIPPED 10-19-				NO. OHD 045557766	
COMPANY NAME DELCO	10RANIE		STA	ATE I.D. NO.		
ADDRESS 3/00 N/GFD/		04/10	PUF	RCHASE ORDER		
CITY	STATE					
This is to certify that the above named metransportation according to the applical						
= 0.00	Single regulations of the Di	740	MHS Al	LAND.	Phone 237 1365	
Signature	Print P					
TRANSPORTER	SERVIC					
COMPANY	JAINE.				E	
ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 I.D. NO	PHONE	
This is to certify acceptance of the abo	o materials for shipmer	it. Keep pink co	py for your re	cords Annro	onriate placards were offered	
	Print N	lame L/L	IK ORL	W/IN	Date Received <u>70 19 8 8</u>	
Signature		19. A.M. A.M. 45.	2		•	
TREATMENT/DISPOSAL FACILITY	ANTON DU	148	Z OEM LIEICA	ATION CODE	NO	
COMPANY SOLUTION SOLU	CII ROSS	A THE SECOND	JOB	NO		
ADDRESS 19/1 XXVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	STATE	- OHO	<u> </u>	110 ATA	39 PHONE 299 8991	
This is to cartify completion of treatmen	t storage, reclamation	or disposal in co	mpliance with	annronriate	regulations. Keen canary conv. for	
your records. Forward white copy to	generator. Processing	or Aont (Invoice	will begin up	on receipt o	of signed copy of this manifest.	
Signature	Printin	ame V	对文学		Date	
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IMMEDIATE RESPONSE INFO	RMATION	······		<u> </u>		,
						
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IN CASE OF EMERGENCY NO	7151					
IN CASE OF EMERGENCY, NO				IRAI	LER NO.	TRACTOR NO.
ļ,	W.H.					
,	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATER	IAL DESCRIPTION
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	NOINERATION	JA, LAINI	JFILL	UOTHE	-n (Specii	у)
ADDITIONAL						·
INFORMATION:						
	CE	RTIFICATIO	N			
GENERATOR DATE S	HIPPED 10-21-	SS EP/	A IDENTIFICA	TION COD	ENO. OH	0095557766
GENERATOR DATE S COMPANY NAME DECOMP	TORAINE		STA	TE I.D. NO.		
ADDRESS 3/00 MEFDA	MORK KD.		PUR	RCHASE ORDER		
•						ONE 237-1365
This is to certify that the above named m						
transportation according to the applicat						
Signature / //	(ガソレ Print N	lame ///C	7H3 /1	KANU	Pho	one <u>237-1365</u>
TRANSPÖRTER	SAMK					
COMPANY	SAME					
ADDRESS	. OTATE		JOB		PH	
This is to certify acceptance of the above	STATE	nt Keen nink co				
Signature 20 68 17	Print N	1 1		• •	•	e Received 10-21-85
3	- Same					
TREATMENT/DISPOSAL FACILITY COMPANY — OCCUPY OF	WION DA		A IDENTIFICASTA			1
ADDRESS 1975 DRYDS	Al KD.		JOB			
CITY DAYTON	STATE	OHIO		P 454.	39_ ph	ONE 299-8391
This is to certify completion of treatmen					regulations	. Keep canary copy for
your records. Forward white copy to	generator. Processing			ا الممر	•	''
Signature 10 2011	Print N	lame / /	14571	Like	L L U Toat	e/0-21-80



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. □ 4 0 7 0

EMERGENCY INFORMATION				SCAL	E INFORMATION
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IN CASE OF EMERGENCY, NO	TIFV			TRAI	LER NO. TRACTOR NO.
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	Verte				
	SHIPPI	NG INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	ji. LAN	DFILL	OTH	ER (Specify)
ADDITIONAL					
INFORMATION:					
		RTIFICATIO			
GENERATOR DATE S	HIPPED 10-238-8				ENO. 04DC45557766
COMPANY NAME	TURAILA				
ADDRESS 3100 NICKUM	MAR KD.	0140	PUF	ICHASE OR くてん	DER
CITY					
This is to certify that the above named metransportation according to the applical	ale regulations of the De				
Signature Signature	in regulations of the De	-7 TVD	19:21 1	£4)11(1)1	Phone <u>\$37-1365</u>
Signature 1777	Print N				
TRANSPORTER	SIMIE	EP.			
COMPANY					DE
ADDRESS	STATE				PHONE
This is to certify acceptance of the above		nt Keen nink co	ony for your re	cords Appr	opriate placards were offered
	Print N				Date Received 10-77 95
	Print N				
TREATMENT/DISPOSAL FACILITY COMPANY O(1771 Z	DHYTON I	LEMA EP			E NO
ADDRESS 1975 DRYE	77.	<u> </u>			
CITY	STATE	()HIO		NO	39 PHONE 244-8841
This is to certify completion of treatmen				-11	
your records. Forward white copy to	_				
Signature Correct 4					16 Pate 11220
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCA	LE INFORMATION	
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IN CASE OF EMERGENCY, NO				IRAI	LER NO. TRACTOR NO.	
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DOT CHIRDING DESCRIPTION	LIAZADO CLACE	OLIANITITY	CONTAIN	IED TVDE	MATERIAL DESCRIPTION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
			15- 12	1/-	// lans	
			15 Cu	<u> 70.</u>	WOOD	
						
	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□ OTH	ER (Specify)	
ADDITIONAL			-			
INFORMATION:						
		RTIFICATIO				
GENERATOR DATE S	HIPPED <u>10-29-</u>	- <u>&.⊊.</u> EP.	A IDENTIFIC	ATION COD	ENO. OHD 095557766	
COMPANY NAME - 100 4/80	MORPHALE CARCOS DO	`	ST/	ATE I.D. NO.		
ADDRESS 3/00 N/C/S	<u> </u>	CHIO	PUI	RCHASE ORDER		
This is to certify that the above named m	STATE	i, MARC	d poolsocod	ZIP <u>www.y.z</u>	labeled and era in proper condition for	
transportation according to the applical						
Signature Signature	A Linv		_	/ /	Phone 237-1365	
	Print N					
TRANSPORTER	SHAME	EP.				
ADDRESS					DE	
CITY						
This is to certify acceptance of the about						
					Date Received 15-24-95	
	The state of the s					
TREATMENT/DISPOSAL FACILITY COMPANY - OCT 71/ 2/11	YTOU DUM	Q EP.			E NO	
ADDRESS 1975 DEVEN	KD.	<u> </u>		3 NO		
CITY	STATE	OHO		ZIP <u>454.</u>	39 PHONE 299-8891	
This is to certify completion of treatmen		or disposal in co	mpliance wit	h appropriate		
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature Alexander	Fell / Print N	Vame (EN	X15-74	G150.1	107 Date/00245	



ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | 1948 | 79

EMERGENCY INFORMATION			-	SCAL	E INFORMATION
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IN CASE OF EMERGENCY, NO				TRAI	LER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	☐ LANI	OFILL	□ OTH!	ER (Specify)
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THE CHINATION.					
		RTIFICATIO			
GENERATOR DATE S COMPANY NAME ADDRESS 3/00/05/4	HIPPED 1/2 25	65 EP/	A IDENTIFICA	TION COD	ENO. (2/12) 0/3 (253, 73%)
COMPANY NAME	<u> </u>		STA	TE I.D. NO.	
ADDRESS <u>\$100 0050</u> CITY	19068 <u>(CO</u>	A*1	PUR	CHASE OR	DER
This is to certify that the above named m			-		· · · · · · · · · · · · · · · · · · ·
transportation according to the applicat					
Signature Annual	Print N	lame	<u> 1998 - 1884</u>	Proportion (1)	Phone ADA/AA
TRANSPORTER	e zione	EPA	A IDENTIFICA	TION NO.	
COMPANY	13/11/16		STA	TE I.D. COD	DE
ADDRESS					
CITY					
This is to certify acceptance of the above					Date Received 10-25-38
Signature	Print N	lame	. <u>. () 79 () .</u>	///	Date Received (LANG) (Mail
TREATMENT/DISPOSAL FACILITY	MYTON DA				E NO
COMPANY SOLVE	MYTON <u>DU</u> W KD				
ADDRESS <u>1973 LKY/07</u>	···	Otho	JOB		39 PHONE 296 8891
This is to certify completion of treatment	STATE				
your records. Forward white copy to	•				• • • • • • • • • • • • • • • • • • • •
Signature Board Land					
Signature programmed by the same	Print N	maille		_ <u> </u>	— / Date // // /



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION			SCAL	E INFORMATION
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IN CASE OF EMERGENCY, NO				LER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		/	30 GL 70_	70000
	MATER	RIAL DISPOS	SITION	
□ RECLAMATION □ II	NCINERATION	ΘÍANI	DFILL OTH	ER (Specify)
	TOMERATION	, , , , , , , , , , , , , , , , , , , ,	01122	(Openly)
ADDITIONAL				
INFORMATION:				
	CE	RTIFICATIO)N	
GENERATOR DATE S	HIPPED 10-26	-85 EP	A IDENTIFICATION COD	ENO. OHD 04-555 7766
COMPANY NAME	MOENINE		STATE I.D. NO.	
COMPANY NAME ACTION ADDRESS 3100 AICELE CITY ATTENTION	MORE KD		PURCHASE OR	DER
This is to certify that the above named m		ssified, describe	d, packaged, marked and l	abeled, and are in proper condition for
transportation according to the applicat				
Signature ()	AUV Print N	lame //	SPYFIS KI. KFIL	1082 Phone 237-1368
TRANSPORTER	Ca.	EPA	A IDENTIFICATION NO.	
COMPANY	SAME		STATE I.D. COD	DE
ADDRESS			JOB I.D. NO	
CITY			ZIP	
This is to certify acceptance of the above			1 41 .	
Signature	Print N	lame	C MARTINI	Date Received 10-26-35
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICATION COD	E NO
1175 10000	YTON DUM	مرية	STATE I.D. NO.	
ADDRESS 1970 DEVOE	W. KD.	OHO	JOB NO	20 200 900/
CITY	STATE	-	ZIP <u> </u>	
This is to certify completion of treatment your records. Forward white copy to	-			
	,		VETTI GRILL	
Signature 1 W / W CHECKE (Print N	iame // <u>~ ' \/ /</u>	7-11 01110	Date/(/ /L G



□ HAZARDOUS NON—HAZARDOUS NOSTE □ RECLAIMABLE MATL. NO. 1988

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IN CASE OF EMERGENCY NO		- -		
IN CASE OF EMERGENCY, NO	•			AILER NO. TRACTOR NO.
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		NG INFORM	ATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYP	E MATERIAL DESCRIPTION
D.O. 1. SIM I ING DESCRIPTION	MAZAND OLASS	QUANTITI	CONTAINENTH	MATERIAL DESCRIPTION
		5	15 Gr. Vo.	Fice
		2	75 Cd. 10.	7 7 6 6
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□ RECLAMATION □ IN	CINERATION	戸√LANI	OFILL OT	HER (Specify)
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		RTIFICATIO		0.7000055507676
GENERATOR DATE SI	HIPPED <u>インドスアーの</u> 。 つりフルス	<u>\$</u> EP,	A IDENTIFICATION C	ODE NO. 0/1004S557766
COMPANY NAME	OPF KD.		DIDCHASE	00DEB
CITY LAYTON	STATE	0410	ZIP 🛠	424 PHONE 237-1365
				nd labeled, and are in proper condition for
transportation according to the applicat	le regulations of the De	epartment of Tra	insportation and the E	PA. Keep gold copy for your records.
Signature	ABUU Print N	Name 746	011111 N.	KANOKRPhone 237-1365
TRANSPORTER V	,			O
COMPANY	SAME			ODE
ADDRESS	-		JOB I.D. NO.	
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above	e materials for shipmer			
Signature	Print N	Name ///	MIHETIK!	Date Received 10-27-85
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICATION CO	ODE NO
COMPANY - DUCTH DAS	ITOM DUM	کرد. مو		10.
ADDRESS 1475 DEYDE	N KD.		JOB NO	200 200
CITY	STATE	DHIO		4.39 PHONE 299-3891
				iate regulations. Keep canary copy for
your records. Forward white copy to		•		· • • • • • • • • • • • • • • • • • • •
Signature	Print N	lame	·	Date



ENVIRONMENTAL MANIFEST

| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 1978-1981

EMERGENCY INFORMATION			 7	SCAL	LE INFORMATION	
IMMEDIATE RESPONSE INFOR	ROITAME					
	V.H.					
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IN CASE OF EMERGENCY, NO	TIEV.	·.		TRAI	LER NO. TRACTOR NO.	
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	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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	·					
	MATER	RIAL DISPOS	NOITIC			
						
□ RECLAMATION □ II	NCINERATION	□ LANI	DFILL	ПОТН	ER (Specify)	
ADDITIONAL						
INFORMATION:						
	CF	ERTIFICATIO	<u></u>			
GENERATOR DATE S				ATION COD	ENO. OHDOGSSS7760	
COMPANY NAME	TORNIKE		A IDENTIFICA			
ADDRESS 3/00 1/57	COMMENT RA	,		URCHASE ORDER		
OITY	STATE	CHO		ZIP <u>457/</u>	29 PHONE 237-1565	
This is to certify that the above named m						
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.	
Signature	ALGAL Print N	Name 146	WARS M	TAKE	200 Phone 237 /365	
TRANSPORTER						
COMPANY	SMITE				DE	
ADDRESS						
CITY	STATE	···		ZIP	PHONE	
This is to certify acceptance of the above		nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.	
Signature	Print N	Name ///E	C 19AR	71111	Date Received 10-28-8	
TREATMENT/DISPOSAL FACILITY		EP/			E NO	
COMPANY SOUTH D	AYTON DU	10 m 27				
ADDRESS 1975 DRVD	EU RD.			3 NO	200 200	
CITY	STATE	01-110	7	ZIP 454	39_ PHONE 299-839/	
This is to certify completion of treatment	_					
your records. Forward white copy to		, ,		•	Carrier	
Signature Mayoneth The	Print N	lame CV/Y	E1H G	RILLE	Date / 0.39.35	



□ HAZARDOUS ☼ NON—HAZARDOUS ☼ WASTE □ RECLAIMABLE MATL. NO. 1884

EMERGENCY INFORMATION		· · · · · · · · · · · · · · · · · · ·	"."	SCAL	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				
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IN CASE OF EMERGENCY, NO				IHAI	LER NO. TRACTOR NO.
		NG INFORM			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
		<i>j</i>	.30 8		4/mm
			W.J. C. C. C. C. C. C. C. C. C. C. C. C. C.	<u> </u>	
	MATER	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	À LANI	DFILL	OTHE	ER (Specify)
		- /			(орози),
ADDITIONAL INFORMATION:					
	Ci	RTIFICATIO)N		
GENERATOR DATE S	UIDDED 10-38-	BS ED	A IDENITIEIC	ATION CODI	ENO. OHDO455577660
COMPANY NAME	MORAUE	CF/	ST	ATE I.D. NO.	NO.
ADDRESS 3'00 NIGEON	CD, KD.		PUI	RCHASE ORI	DER
CITY DAYTON	STATE	0640		ZIP <u> </u>	CF_ PHONE 237-1365
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and la	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
Signature	リルンレ Print N	Name 1401	<u> 47.48 /1/</u>	- KAN	OHE Phone 237-1365
TRANSPORTER	V ^{er}	EPA	A IDENTIFIC	ATION NO	
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This is to certify acceptance of the above	4-7	-1	1.71		
Signature	Print N	lame	C /IPP		Date Received 12-23-35
TREATMENT/DISPOSAL FACILITY	. 7	EP/	A IDENTIFIC	ATION CODE	E NO
Car Turner	ITOM DUMBA		STA	ATE I.D. NO.	
ADDRESS 1912 LAVIDEN	<u> </u>	040	•	3 NO	39 PHONE 294-889/
This is to sortify completion of Assets	STATE			ZIP <u>434.</u>	
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□ HAZARDOUS NON—HAZARDOUS NOSTE □ RECLAIMABLE MATL. NO. 14886

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GENERATOR DATE S	HIDDED 10-29-	GC ED	A IDENTIFIC	ATION COD	ENO 04200 355 7744	
GENERATOR DATE SHIPPED 10-29-82 EPA IDENTIFICATION CODE NO. 040-00-255-77442 COMPANY NAME 4-56-776-7746-774-774-774-774-774-774-774-7						
ADDRESS 3/00 MEEDINOKE RU PUR				IRCHASE ORDER		
ADDRESS 3/00 MEDMOKE AD PURCHASE ORDER CITY STATE 04/0 zip 45/24 PHONE 207/24						
This is to certify that the above named m						
transportation according to the applical						
Signature	Print N	Name 4/02	405 A.A.	MAG	Phone <u>237/365</u>	
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COMPANY NAME	MORANIE		ST/	ATE I.D. NO.	
ADDRESS 2100 MEEDI	WORK KN		PUI	RCHASE OR	DER
CITY	STATE	0410		ZIP <u> </u>	DER
This is to certify that the above named m		ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition fo
transportation according to the applical					
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COMPANY	2/411/6		STA	ATE I.D. COD	DE
ADDRESS			JOE	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above					
Signature 11 12 1990	Print N	Name	C MAR.	711/	Date Received 10-30-33
TREATMENT/DISPOSAL FACILITY		. EP	A IDENTIFIC	ATION COD	E NO
COMPANY SOCUTAL DA	44704 Dum	**************************************	STA	ATE I.D. NO.	
ADDRESS 1975 DEVIDER	U KD.	77.7.5	JOE		- A2 (7)7(1)
CITY	STATE	UHIVE			PHONE 299-899/
This is to certify completion of treatmen					
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ENVIRONMENTAL MANIFEST

HAZARDOUS MON-HAZARDOUS WASTE RECLAIMABLE MATL. NO. 84890

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ADDRESS 5/00 NOFD	MORE KID	1	PUR	CHASE ORI	DER	
CITY	STATE	0410	Z	IP <u>459</u>	79 PHONE 237-1365	
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, n	narked and la	abeled, and are in proper condition for	
transportation according to the applicat	ole regulations of the De	epartment of Tr	ansportation a	nd the EPA.	Keep gold copy for your records.	
Signature	HAND Print N	lame 140	1991 St.	KAMON	Phone 237-1365	
TRANSPORTER						
COMPANY	SAME				E	
ADDRESS						
CITY	STATE		Z	IP	PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appro	opriate placards were offered.	
Signature	Print N	lame 1/100	(/1/14/127	110	Date Received 10:30:31	
TREATMENT/DISPOSAL FACILITY	. 7	EP.	A IDENTIFICA	TION CODE	NO	
1/1-20	ANTONI DUM		STA	TE I.D. NO.		
ADDRESS 1975 DAVDA	K KO.	(°)440		NO.	or	
CITY	STATE	12990			39 PHONE 209-889/_	
This is to certify completion of treatment your records. Forward white copy to						
	19 6 1			//,		
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ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 1999

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COMPANY NAME SELEC. /	PORAINE		STATE I.D. NO.	
ADDRESS 3100 MERO	MORE KD),	PURCHASE OR	DER
CITY	STATE	0410	ZIP <u>959</u> ,	29 PHONE 237-1265
This is to certify that the above named m	• • • •			
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation and the EPA.	Keep gold copy for your records.
Signature 1	Print N	lame <u>///C/</u>	US M. BANC	RC_ Phone <u>437-1363_</u>
TRANSPORTER	<i>C</i> .	EPA	A IDENTIFICATION NO	
COMPANY	SAME	·	STATE I.D. COD	ÞÉ
ADDRESS			JOB I.D. NO	
CITY				
This is to certify acceptance of the above				
Signature	Print N	lame 📝 🦰	14987111	Date Received <u>40-33/-80</u>
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICATION CODE	E NO
COMPANY SOLITY DE	14TON Du	MA	STATE I.D. NO.	
ADDRESS 1915 1000	737	# 1 / / n	JOB NO	20 -100 1001
CITY		OH10	ZIP <u>450.</u>	
This is to certify completion of treatment				
Your records. Forward white copy to Signature				of signed copy of this manifest.
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. BFB99

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COMPANY NAME	MONALALE	3	STA	TE I.D. NO.	
COMPANY NAME JUSTICO ADDRESS 3/00 A/F/CA/ CITY JAY/704/	MORE KIN	DUF	PUR	ICHASE OR	DER
This is to certify that the above named metransportation according to the application					
	M MA)	James TEA	MAS A	KOM	Phone 237:1365
	Print P			Ì	
TRANSPORTER V	SAME				DE
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the above					
Signature M. M. Man	LE Print N	Name ME	MART	IK!	Date Received <u>//- ス-8、</u>
TREATMENT/DISPOSAL FACILITY	7V11	7			E NO
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ADDRESS 1912 VEYDER	STATE		JOB		39 PHONE 299 8891
This is to certify completion of treatmen	· ·				
Your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature for noth	C. Of Print N	Jame AF &	KKETH	11908	1201 Date 11-2-35
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- HAZARDOUS NON-HAZARDOUS WASTE - RECLAIMABLE MATL. NO. 1990

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COMPANY NAME DEICO 1	MORAINE		ST.	ATE I.D. NO.	
ADDRESS 3/00 NEEDA		0	PU	RCHASE OR	DER
CITY					74_ PHONE 237: 1365
This is to certify that the above named m					
transportation according to the applical				1 11	
Signature	CD IV Print N	Name	STES IN	157110	Phone 237-1365
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COMPANY					DE
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CITY					
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ADDRESS 19 SKYDEN	KU:	0410	JOI	B NO	39 PHONE 299. 8891
CITY					-
This is to certify completion of treatmen your records. Forward white copy to					
Signature		•		•	Date
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ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | PHYDIZ

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ADDRESS SIGNATURE	DRE KU.		SIA	TE I.D. NO.		
CITYOHIYTON	STATE	0410	PUN 7	IP 454	PHONE .	237-1365
This is to certify that the above named m				_		i i
transportation according to the applicat	ole regulations of the De	epartment of Tra	psportation a	nd the EPA.	Keep gold copy f	or your records.
Signature	MENU Print N	Name -/24	DIAMS KI	. LAW	COC Phone _	737-1365
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COMPANY	SHAME				E	
ADDRESS			JOB	I.D. NO		
CITY	STATE				PHONE _	1
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Signature/	<u>) car & C.c.</u> Print N	lame	C 1111	1110	Date Rece	eived //-4-85
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1/2 73 2115	TON DUMI	<i>i.</i> /	STA	TE I.D. NO.		
ADDRESS 1975 DRVDE		0/10	JOB		20 .	799-8981
CITY	STATE	or disposal in ==		IP <u>959</u>		
This is to certify completion of treatment your records. Forward white copy to						
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INFORMATION:					
	CF	RTIFICATIO	N		
GENERATOR DATE S				ATION COD	ENO. 04004555 7766
COMPANY NAME DECCO	MORAINE		ST/		
ADDRESS 3100 NECTO	MORE KU		PU	RCHASE OR	DER
CITY	STATE	0410	·	ZIP <u>454.</u>	79_PHONE 237-1365_
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra			
Signature A.A.M.	<u> LGUU</u> Print N	lame ///	4/1/3 N.	BUCK	Phone 237-1365
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY	SAME				E
ADDRESS			JOE	3 I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above					opriate placards were offered.
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TREATMENT/DISPOSAL FACILITY		. EP	A IDENTIFIC	ATION CODI	E NO
COMPANY SOLLTH I	ANTON DU	MAP			
ADDRESS 1975 DAVDE	N KD.		JOE		
CITY DAYTON	STATE	OHO		ZIP <u>459</u>	39 PHONE <u>899-884/</u>
This is to certify completion of treatmen					· · · · · · · · · · · · · · · · · · ·
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ENVIRONMENTAL MANIFEST HAZARDOUS NON-HAZARDOUS WASTE RECLAIMABLE MATL.

NO	<u>E4905</u>

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GENERATOR DATE S	HIPPED //-5-8	S FP	A IDENTIFIC	ATION COD	ENO. 0410045557766
COMPANY NAME - ZECCO /	MORAINE		STA	ATE I.D. NO.	
ADDRESS 3100 NIKED,	MORE KD.		PUF	RCHASE OR	DER
CITY	STATE	OHO		ZIP <u>9547</u>	19 PHONE 237-1368
This is to certify that the above named m					
transportation according to the applical					
Signature M. L. (MUS)	Print N	Vame 1490	VILLE AU.	KJ4RIOLL	Phone <u>237-7364</u>
TRANSPORTER	Summer	EP	A IDENTIFIC	ATION NO.	
COMPANY	HANK		STA	ATE I.D. COD	DE
ADDRESS					7
This is to certify acceptance of the above					PHONE
January	Print N	. ME	1/1927	ecords. Appr	Date Received 45-85
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TREATMENT/DISPOSAL FACILITY	TON Drem	eP.			E NO
10-25 100				3 NO	
CITY	STATE	OHO		ZIP 454.	39 PHONE 299-8891
This is to certify completion of treatmen		or disposal in co			
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature Court (7/ Kan	Print N	lame ENA	E7H (4	RILLO	7 Date / 1-5-85
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GENERATOR DATE S	HIPPED 11-8-6	35 EP/	A IDENTIFICA	TION CODE	00.04/D0d2527766
COMPANY NAME DECRO	MORAIME	1 ,	STAT	TE I.D. NO.	
ADDRESS 3/00 1/60	DMORE K	<u>U </u>	PUR	CHASE OR	DER
CITY	STATE	OFFEC	Zi	Ь <u>дод.</u>	KY PHONE K57-7563
This is to certify that the above named m			-		
transportation according to the applicat					
Signature VI A CVI	Print N	lame	PYFIS NI.	11/1/10	DER Phone 237-1365
TRANSPORTER	SAME	EPA	A IDENTIFICA	TION NO	
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TREATMENT/DISPOSAL FACILITY	MYTON DU	EPA (زاردید)			NO
ADDRESS 1975 DEVDE	1 12/1)	777			
CITY	STATE	OHIO	JOB	NO P <i>959=</i>	30 PHONE 290 (09/
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□ HAZARDOUS □ NON-HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. □ 9/7

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ADDRESS 3100 NEFON	IORE ROAT	<u> </u>	PURCHASE OR	DER
CITY WAY 704	STATE 🚅	<i>HiO</i>	zip <u>454</u>	24 PHONE 237-1365
This is to certify that the above named m	, , ,		· •	
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CITY DAYTON,	STATE	OHO		439 PHONE 299-8891
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. ☑ 9/9

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CITY 10.0	STATE	THIO			39 PHONE 299.8891	
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ADDRESS 3/00 NEKD	MORK KO		PURCHASE O	
CITY	STATE			124 PHONE 237-1365
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked and	l labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation and the EP	A. Keep gold copy for your records.
Signature	りいし Print N	lame 40	WAS N. KAN	OHE Phone 237-1365
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COMPANY	SHIVE			DDE
ADDRESS				
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Signature	Print N	lame ///	L. PHETIN	Date Received 11-12-35
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ADDRESS 1475 ZXVD		E)1110	JOB NO	120 200 0001
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This is to certify completion of treatment your records. Forward white copy to				
Signature Connection And	Print N	lame 100///	1 - 11 5 1 KI LC	Date / / L



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HAZARDOUS NON-HAZARDOUS WASTE RECLAIMABLE MATL. NO. FAGRE

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Signature 1	MENU Print N	Jame 7/40	19115 K	KAL	OPE Phone 237-1365
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COMPANY	SAME				E
ADDRESS					
CITY	STATE		Z	IP	PHONE
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Signature	Print N	lame	C 14/191	7.116	Date Received 11.13-8
TREATMENT/DISPOSAL FACILITY			A IDENTIFICA	TION CODE	E NO
COMPANY OUTTH DA	YTOR DUN		STA	TE I.D. NO.	
ADDRESS 14/5 DEVINE	ED.	(2)	JOB	NO	-0 1000 RG 0
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COMPANY NAME	ORAINE		STATE I.D. NO.	
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CITY	STATE	OMO		24 PHONE 237-1365
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
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ADDRESS 17/3 LANDER	,CD.	1240	JOB NO	30 700,0001
CITY	STATE	UITO	ZIP <u> </u>	37 PHONE 279 8897
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□ HAZARDOUS É NON—HAZARDOUS É WASTE □ RECLAIMABLE MATL. NO. □ 4955

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ADDRESS 5100 MEEDIN	PORE KU.	1.	PURC	CHASE ORE	DEB
CITY	STATE	0410	ZI	P 9511	74 PHONE 237-1365
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transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation an	d the EPA.	Keep gold copy for your records.
Signature 71. Kang	VV Print N	lame <u>740</u>	MAS NO	KFINE	Phone 237.1365
TRANSPORTER	, m ·	EP/	A IDENTIFICAT	TON NO	
COMPANY	SHAR		STAT	E I.D. COD	E
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Signature 104 Mag	77 Print N	lame ///	C MARTI	Ŕ!	Date Received 11/16-81
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()	TOU DUM		STAT	E I.D. NO.	
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□ HAZARDOUS È NON—HAZARDOUS È WASTE □ RECLAIMABLE MATL. NO. 194938

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1				EPA. Keep gold copy for your records.
Signature		Name TAC		MAICHE Phone 237.1365
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This is to certify acceptance of the above				
Signature		1//	C PAPATIA	
TREATMENT/DISPOSAL FACILITY			A IDENTIFICATION	
COMPANY SOLITH DAY	ON DUMP		•	CODE NO.
ADDRESS 1475 DUIDEN EN JOB NO.				
CITY INTON	STATE	OHIO		15439 PHONE 2999991
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your records. Forward white copy to				
Signature	Print N	lame		Date
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□ HAZARDOUS M NON—HAZARDOUS M WASTE □ RECLAIMABLE MATL. NO. 184939

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transportation according to the applicat	ole regulations of the De	partment of tra	ansportation a	ind the EPA.	Keep gold copy for your records.
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TREATMENT/DISPOSAL FACILITY	(1) m	2			E NO
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ADDRESS 1973 LEVDE	<u> </u>	040	JOB		200 0201
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COMPANY NAME	MORHINE PO		STA	ATE I.D. NO.	
ADDRESS	CTATE	OHIO	PUI	RCHASE ORI	79 PHONE 237-1365
CITY LANDRA This is to certify that the above named m					
transportation according to the applical			_	•	
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CITY	STATE				PHONE
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Signature	Print N	lame ///	( 14A)	27/11	Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION CODE	E NO
COMPANY SOLITH DAY	YTON DUM	O			
ADDRESS 1975 DOYNA	N KO.		JOE	3 NO	
CITY	STATE	OHIO		ZIP 4593	39 PHONE <u>799. 8891</u>
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature ( Am Cold B.	Print N	lame /	N 5- 167	CIRIL	60 Date 11-19-15



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ADDRESS 1975 DEV.D.C	N KD.		JOB		
CITY DAYTON	STATE	OHIO		IP 454	39 PHONE 299-9891
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□ HAZARDOUS È NON-HAZARDOUS À WASTE □ RECLAIMABLE MATL. NO. ■4752

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CITY	STATE	OHIO	ZIP 4	5929 PHONE 237-1365
This is to certify that the above named m	aterials are properly clas	ssified, describe		and labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation and the	EPA. Keep gold copy for your records.
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CITY	STATE	0410	ZIP 450	29_ PHONE 2027365
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COMPANY SOUTH DA	4780 LUM	<u> </u>	STATE I.D. NO	
ADDRESS 1975 DAY DEA		0140	JOB NO	120 100 6001
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 24980

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CITY	STATE	DHID	ZI	р <u>454</u>	39 PHONE 299-589/
This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	mpliance with	appropriate	e regulations. Keep canary copy for
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 1993

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ADDRESS 3100 NEM	IMORE KP	} <u></u>	PUR	CHASE OR	DER
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Signature	LAN) Brint N	James 144	Mills M	KARK	ORK Phone 237-1365
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. ☑ 4993

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□ HAZARDOUS ANON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 14996

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ADDRESS 1979 DOVOR		Detin	JOB NO	100 -000 0001
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□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 1

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CITY	STATE	0460	Z	IP 4547	14 PHONE 237-1365
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□ HAZARDOUS MON—HAZARDOUS MASTE □ RECLAIMABLE MATL. NO. DESCRIPTION

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□ HAZARDOUS ( WASTE □ RECLAIMABLE MATL. NO. 35007

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COMPANY NAME	MORHIRIE		STA	TE I.D. NO.		
ADDRESS 3/00 AMERICA	TOPE KD	OHIO	PUR	CHASE ORI	DER ズチ PHONE <u> </u>	
CITY	STATE		Z	IP <u>주도무</u>	<u> </u>	
This is to certify that the above named metransportation according to the applical	naterials are properly class	salileo, describe	d, packaged, n	narked and la	abeled, and are in proper condition for	
transportation according to the applical	ble regulations of the De	1 71	insportation a	nd the EPA.	Keep gold copy for your records.	
Signature Signature	Print N	lame:	COPPS IV	1. Pexil	Phone 23/73/03	
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ADDRESS		THE SERVICE OF THE	JOB	I.D. NO		
CITY	STATE		Z	IP	PHONE	
This is to certify acceptance of the above			Py for your red	cords. Appro	opriate placards were offered.	
Signature	Print N	ame <u>E</u>		· <del>-</del>	Date Received 2220-95	
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.						
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This is to certify completion of treatmen	t, storage, reclamation	Vourinva	mpliance with	appropriate	regulations. Keep canary copy for	
your records. Forward white copy to	generator.		Will begin up	on receipt o	of signed copy of this manifest	
Signature	Pinil			·	Date <u>/2/20/3.5.</u>	
		the strike when			·	